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Edward A. Chow, M.D.
President

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Roma P. Guy, M.S.W.
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Lee Ann Monfredini
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Harrison Parker, Sr., D.D.S.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

January 7, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 17, 1996

3) CONSENT CALENDAR OF BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Consideration of an amendment in the contract between Baycare Medical Group and the Department of Public Health for hospital services to managed care enrollees.

(3.2) Consideration of a contract between Baycare Medical Group and the Department of Public Health to provide ancillary services to Baycare enrollees on a fee-for-service basis.

(3.3) Consideration of a contract between the Physician-Hospital Organization at St. Luke's Hospital (PHOSL) and the Department of Public Health, to provide administrative services to PHOSL for the Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan.

(3.4) Consideration of a contract between the Chinese Community Health Plan (CCHP) and the Department of Public Health to provide administrative services to CCHP for the Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan.

(3.5) **CHS-AIDS** - Retroactive approval of a renewal contract with the National Task Force on AIDS Prevention KOKUA Collaboration, in the amount of $1,028,697, for the provision of psychosocial and prevention services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with National Task Force on AIDS Prevention for services totaling $1,578,899 during FY 1995-96).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Department). (Dr. Sandra R. Hernández)

5) **TIME SPECIFIC 4:00 P.M.: IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988) A PUBLIC HEARING TO CONSIDER THE IMPACT OF CLOSING SHRINER'S HOSPITAL (1701 - 19TH AVENUE) ON HEALTH CARE SERVICES OF THE COMMUNITY.**

6) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Thomas Lee Eades
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HEALTH COMMISSION
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, January 7, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

7/97

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Debra Barnes, at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Thomas Lee Eades Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Edward A. Chow, M.D. Commissioner Sharon Gadberry, Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 17, 1996

Action Taken: The Commission unanimously adopted the minutes of December 17, 1996.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Consideration of an amendment in the contract between Baycare Medical Group and the Department of Public Health for hospital services to managed care enrollees.

This item was postponed.

(3.2) Consideration of a contract between Baycare Medical Group and the Department of Public Health to provide ancillary services to Baycare enrollees on a fee-for-service basis.

This item was postponed.

(3.3) Consideration of a contract between the Physician-Hospital Organization at St. Luke's Hospital (PHOSL) and the Department of Public Health, to provide administrative services to PHOSL for the Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan.

This item was postponed.

(3.4) Consideration of a contract between the Chinese Community Health Plan (CCHP) and the Department of Public Health to provide administrative services to CCHP for the Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan.

This item was postponed.

Richard Cordova, SFGH Executive Administrator, reported that these contracts were not yet ready for calendaring. He anticipates they will be ready for the January 21, 1997 meeting.

(3.5) **CHS-AIDS -** Retroactive approval of a renewal contract with the National Task Force on AIDS Prevention KOKUA Collaboration, in the amount of $1,028,697, for the provision of psychosocial and prevention services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with National Task Force on AIDS Prevention for services totaling $1,578,899 during FY 1995-96).

Norm Nickens of the AIDS Office reported that this contractor is progressing positively to address identified problems and recommended interventions.

Action Taken: The Commission (Barnes, Eades, Guy, Monfredini, Parker) approved #3.5.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Department).
(Dr. Sandra R. Hernández)

ADMINISTRATION

Mayor's Personnel Changes

Mayor Brown announced that Michael Wald stepped down as the Director of DHS and will assume a new role for the Mayor as "Senior Policy Advisor on Welfare, Job Training, Homelessness and Immigration". In his new role, Mr. Wald will work to coordinate interdepartmental efforts in these areas.

His replacement at DHS is Will Lightbourne, currently Director of Santa Cruz's Human Resource Agency, formerly CEO of Catholic Charities for Northern California.

MEDI-CAL MANAGED CARE

The Two-Plan Model for Medi-Cal managed care became operational on January 1, 1997. Under the State's implementation plan, approximately 52,000 Medi-Cal beneficiaries will be required to enroll in managed care plans over the next three months.

In December 1996, two populations were asked to make health plan choices: (1) newly eligible AFDC beneficiaries, and (2) AFDC recipients who had their yearly recertification in December. In addition, other Medi-Cal beneficiaries could voluntarily enroll in one of the health plans. The health plan choices are CaliforniaCare and the San Francisco Health Plan. On January 15, 1996, the State will send enrollment forms to all other beneficiaries in mandatory aid codes (excluding those enrolled in existing PHPs -- Foundation Health, Kaiser and PacifiCare). Enrollment for these beneficiaries will become effective March 1, 1997.

Based on December 1996 enrollment forms, 1,100 beneficiaries selected the San Francisco Health Plan. Of those, almost 60% chose the Community Health Network (CHN) as a provider. The significant enrollment in the Community Health Network reflects the extensive marketing and outreach efforts done by the CHN to educate beneficiaries about Medi-Cal managed care and to promote the quality services offered by our providers. I'd like to recognize the tremendous work of Diane Miller and her staff, Jane Guyette in creating a highly visible media campaign. In total, 90% of those selecting the San Francisco Plan chose a provider.

Due to ongoing problems with the Health Care Options enrollment process, neither Blue Cross nor the San Francisco Health Plan received any default enrollment for January 1997. The San Francisco Health Plan has been working with the State to determine how many beneficiaries actually received the December 1996 packets and thereby estimate how many beneficiaries could have been enrolled with the Health Plan as of January 1997.

As of December 1996, California Care had 7,100 beneficiaries in their plan (January figures are not available). The substantial difference in enrollment is due to the fact that the State allowed CaliforniaCare to enroll beneficiaries effective July 1, 1996 -- six months before the San Francisco Health Plan was allowed to enroll beneficiaries. Another 6,100 beneficiaries are enrolled in Foundation Health, Kaiser and PacifiCare. These beneficiaries will be required to change health plans.

In the case of PacifiCare members, the transition should be seamless. PacifiCare and San Francisco Health Plan have entered into an agreement whereby current PacifiCare members can transition to the San Francisco Plan and be allowed to continue seeing their current provider. The State is currently reviewing the agreement and is supportive of this effort because it maintains provider and patient relationships in counties changing into the Two-Plan Model. We anticipate that the transition will become effective February 1, 1997. The San Francisco Health Plan is also discussing a similar affiliation contract with Kaiser. It is our understanding that CaliforniaCare has a similar arrangement with Foundation Health.

The Community Health Network's IPA contract with CaliforniaCare (Blue Cross) for provider services expired on December 31, 1996. As I have reported on several occasions, the State has not provided CaliforniaCare with sufficient capitation revenues to provide interim cost-based reimbursement for Federally Qualified Health Centers. On December 19, 1996, the State and the Statewide FQHC Coalition agreed to establish a work group to explore alternative methods of reimbursing FQHCs. A follow-up meeting with the State on this issue is scheduled for next week. The Department will continue to take the position with Blue Cross and the State that FQHC reimbursement is necessary for our hospital participation in the Blue Cross Network.

COMMUNITY PUBLIC HEALTH SERVICES

Restructuring Process

Joe Abrego has agreed to serve as Director of Information Systems for the new Public Health Division. Joe has served ably for the last five years as Health Care Information Systems Administrator for the Community Public Health Services Division. There he was responsible for, among other things, implementation of the Signature Clinical Information System in the ten community based health centers. He and his staff were nominated for a Managerial Excellence

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Award for their efforts. More recently, Joe has also assumed responsibility for Management Information Systems in mental health and substance abuse during a transition period. In his new capacity, Joe will have lead responsibility for designing and implementing a comprehensive public health information system that will guide the activities of the new Public Health Division. We are fortunate to have someone with the talent and dedication of Joe Abrego to help us confront the challenges of building a stronger public health presence in San Francisco.

Health Centers (SPY)

Commissioners might have seen an article by Leslie Goldberg in the January 2nd, San Francisco Examiner about violence in Juvenile Hall. The article also made some troubling allegations about failures of staff from Special Programs for Youth (SPY) to respond appropriately to youth in need of health care, although none was specifically related to a violent incident. In a review of the allegations with Thabiti Mtambuzi, Director of SPY, it appears that the problems cited do not lie within the policies and procedures at Juvenile Hall or SPY, but rather, in two of the instances, in the failure of staff to act consistent with those policies and procedures. Also in the other instances, the failure to adequately communicate the nature of a youth's condition between Juvenile Hall staff and SPY staff. The Commission should be aware that policies and procedures require SPY staff to respond to a mental health emergency within 15 minutes and that, in the event of a medical emergency, Juvenile Hall staff have preprogrammed telephone buttons and a loudspeaker system throughout Juvenile Hall that allow them to call for immediate medical attention. In addition, nursing staff walk through each unit at least three times per day to administer medications, accept requests for medical evaluations and respond to questions and concerns. If staff fail to follow policies and procedures, they are subject to corrective action through Quality Assurance procedures and, if necessary, disciplinary action. The characterizations in the Examiner article of SPY staff as uncaring or even callous are the products of journalistic excess and do little to accurately portray the situations as they occurred. If the Commission wishes, I would be happy to provide you with more detail on the instances cited in the article.

CPHS STATISTICS

November 1996	Medical Encounters	Nursing Encounters	Other Encounters (dental, podiatry, mental health, social work, other)	Total Encounters
Castro-Mission Health Center	1,070	455	497	2,022
Maxine Hall Health Center	512	1,330	2,863	4,705
Silver Avenue Health Center	718	240	171	1,129
Chinatown Public Health Center	916	479	3,350	4,745
Ocean Park Health Center	637	2,710	654	4,001
North of Market Senior Services	506	75	563	1,144
Potrero Hill Health Center	513	121	371	1,005
Southeast Health Center	748	160	560	1,468
Tom Waddell Clinic	2,303	616	1,209	4,128
Special Programs for Youth	448	682	3,115	4,245
TOTAL	**8,371**	**6,868**	**13,353**	**28,592**

DIVISION OF MENTAL HEALTH SERVICES

San Francisco 1996 Combined Charities Campaign

Congratulations to Keith Hearle and his assistant, Lina Tolentino! DMS contributions on this year's Combined Charities Campaign is up over 1000% total of $6,837, compared to last year's contributions of $678.

Report Card for DMS City Operated Programs

A Report Card Pilot for City Operated Programs was completed at the end of the FY 1995-96.

The Report Card looked at three components of each program: 1. The results of annual program review showing quality of work, personnel and program environment. 2. Description of access, such as specialty services and language capacity. 3. Consumer feedback which indicated a 90% rate of consumer satisfaction.

Mental Health staff were pleased with the rate of return and the quality of feedback and will continue to use the Report Card data as they make program adjustments.

Update- Mental Health Rehabilitation Facility (MHRF)

Over ninety clients have been transferred to MHRF from IMDs. Additional clients have been identified. Therefore, preparations are underway for transfer of clients to fill the remaining beds at MHRF over the next three months.

SAN FRANCISCO GENERAL HOSPITAL

Resignation

Kim Dunster, Director of Volunteers in SFGH is resigning after many years of service. Rene Cibulka will be acting interim director until SFGH hires a new director. Kim will be greatly missed and the department wishes her well in her new endeavors.

Diversion Statistics

Critical Care diversion for the period December 1 through 31, 1996 are as followed:

Critical Care diverted for 21.9% or 162 hours and 41 minutes.
The Emergency Dept. diverted for 1.3% or 9 hours and 44 minutes.

LAGUNA HONDA HOSPITAL

Newly Hired

On behalf of the governing body, I have signed medical staff applications for the following Laguna Honda medical staff:

1. David M. French, M.D., who is being recredentialed and who will provide part time day ward coverage.
2. John H. Stone, M.D., who will provide as needed night and weekend coverage.
3. Steven Thompson, M.D., who will provide full time day ward coverage.
4. Erika Zipf-Williams, Ph.D., who will provide part-time neuropsychological coverage.

AB 1040- Long Term Care Integration Project

Planning for the AB 1040 Long Term Care Integration Project has begun. An orientation breakfast session was held at LHH (Dec. 19th) to orient the Commission Presidents and Agency Executives of those Agencies that will be participating in this planning process. The members of the Task Force will be appointed in mid-January and it is our plan to begin the planning process in earnest by the end of January.

Influenza Prevention

The Laguna Honda Hospital wide influenza prevention program is underway with most of our residents having received the vaccine. Approximately 300 employees have been immunized.

Miscellaneous Announcements

Cheryl Franzi, Geriatric Nurse Practitioner at LHH, will be making an invited presentation at the eighth annual conference of the Continuity of Care Association of California in March of 1997. Ms. Franzi will speak on nursing research-standardized procedures.

The psychiatry Service has initiated several resident therapy and support groups including a Clarendon Hall Men's Group, a Smoking Cessation Group, and a Medical Illness Group. These groups are led by postdoctoral neuropsychology interns with overall supervision by a staff neuropsychologist. In addition, psychiatry and social work collaborate to provide several Substance Abuse groups.

Laguna Honda Hospital will be serving as a major clinical site for geriatric fellows from the UCSF-Mt. Zion geriatric fellowship program starting in February of 1997.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Water Sampling Plan

In response to the recent flooding in Northern California, the Bureau of Environmental Health has initiated a review and Quality Assurance (QA) sampling program for San Francisco's water supply. This is in addition to the Bureau's weekly sampling of the City's distribution system.

The State Health Department has confirmed that all waters coming to San Francisco are temporarily being routed through the Sunol or Harry Tracy filtration plants. This is an important step to address any concerns the public may have regarding cryptosporidium. As a precaution to the increased public confidence, additional sampling will be conducted for bacteriological analysis. Additionally, staff is coordinating with the State Health Department to audit and review the Water Department's test results since the beginning of the storms.

To date, there have been no reports of problems made to this Department regarding the City's water supply. Dr. Mitch Katz continues to stay in communication with the Water Department for information-sharing and coordination purposes.

EMERGENCY MEDICAL SERVICES

Update on EMS Reconfiguration

As the Commission is aware, the Health Department and Fire Department are conducting meet-and-confer discussions with Local 790 (representatives of the paramedics) and Local 798 (representatives of the fire fighters.) The discussions have been productive to date. Agreement was reached between the Departments and Local 798 on the selection criteria and the training schedule for fire fighters.

The EMS Steering Committee has worked closely with the Mayor's Budget Office on a supplemental budget request to cover the costs of the transition. The supplemental, which will be the Fire Department, is expected to be heard at the next Fire Commission meeting. Although the supplemental budget will be to the Fire Department, it will also cover Health Department costs for the transitions, such as backfilling of positions to allow for training of our paramedics.

We will keep the Commission appraised as we make progress on the reconfiguration.

MEDICAL MARIJUANA

Implementation of Proposition 215

Since its passage, the Department has been working closely with staff from the District Attorney, City Attorney, SF Medical Society, Medical Marijuana Distribution Centers, community organizations and interested individuals to develop guidelines and procedures that will permit the timely and responsible implementation of Prop 215. As you know, Prop 215, known as the Compassionate Use Act of 1996, endorses compassion and non-interference with private patient-doctor relationship.

The planning activities have been extremely useful in developing consensus regarding the safe, efficient, reliable and medically-appropriate manner to implement the Proposition and, at the same time, preserving the public's health, safety and well-being while avoiding any unintended problems created by the diversion of marijuana for purposes not intended by Prop 215.

The Department remains a strong advocate for additional research that examines the efficacy and safety of marijuana in the treatment of medical conditions.

Dr. Hernández provided the Commission with copies of the "San Francisco Homeless Death Review," which is annually published by the Department of Public Health Homeless Programs.

6) PUBLIC COMMENTS

None.

Vice President Barnes recessed the meeting from 3:30 p.m. to 4:00 p.m.

5) TIME SPECIFIC 4:00 P.M.: IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q, 1988) A PUBLIC HEARING TO CONSIDER THE IMPACT OF CLOSING SHRINERS HOSPITAL (1701 - 19TH AVENUE) ON HEALTH CARE SERVICES OF THE COMMUNITY.

Margaret Bryan-Williams, Administrator of Shriners Hospital, presented an overview of Shriners Hospital and its plan to relocate the hospital to Sacramento, (Attachment A).

Ms. Bryan-Williams indicated that the hospital building located on 19th Avenue is on the maarket for sale.

Commissioner Guy requested results of the San Francisco patient survey in order to use data and factual information in determining the impact of the closure. Ms. Bryan-Williams stated she will provide the Commission with the results of the survey.

Vice President Barnes reported that at a subsequent Commission meeting, the Commission will determine whether the closure of Shriners Hospital will or will not have a detrimental impact on health care service of the community.

The Commission thanked Ms. Bryan-Williams for her presentation.

The meeting was adjourned at 4:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

Shriners
Hospitals
for
Children

NORTHERN CALIFORNIA

January 6, 1997

Ms. Sandy Ouye Mori
Executive Secretary
San Francisco Health Commission
Department of Public Health
101 Grove Street, Room 311
San Francisco, Ca. 94102

Dear Ms. Mori:

Enclosed please find a copy of the Public Notice required by the 1988 Community Health Care Planning Ordinance for the City and County of San Francisco declaring the intent of the Shriners Hospitals for Children Northern California (SHCNC), at 1701 19th Ave., San Francisco, California, 94122, to permanently relocate its Hospital to Sacramento, California. This Notice has been posted in all required locations, in multiple languages, at the SHCNC in San Francisco. As is clearly stated in the Notice, the SHCNC in Sacramento will be available for patient services on April 1, 1997. The purpose of the additional materials included in this packet is to provide summarized information on a broad range of topics which may be of value to the Health Commission in the course of its deliberation.

Founded as a wholly charitable Corporation in 1922, Shriners Hospitals for Children now owns and operates 22 pediatric hospitals providing care to orthopedically handicapped and burned children. Recognition of the need for highly specialized hospitals for the treatment of children within unique categories of childhood illness and injury prompted the founding of the Shriners Hospital System. The mission of Shriners Hospitals has always been to provide optimum, compassionate care for special categories of childhood illness free of charge. Common childhood disabilities treated by Shriners Hospitals include cerebral palsy, spina bifida, congenital absence of limbs, spinal deformities, congenital and acquired limb deformities and inequalities, diseases of the bone and joints and burn injuries. Spinal cord injured children are cared for at a small number of Shriners Hospitals including the SHCNC.

The Corporate decision to relocate the SHCNC to Sacramento was made in the Fall, 1990 after detailed analysis of a number of issues including alternative physical locations. Two key factors compelled the Shriners Hospital Corporation to evaluate options for the relocation of the Hospital. These factors were:

Attachment A
Page 1 of 3

- Findings from the physical assessment of the Hospital plant which delineated fundamental problems with asbestos throughout the building; and the significant failure to be in structural compliance with minimum Life/Safety code building requirements. The estimated cost to correct these deficiencies was determined to be prohibitive.

- The Corporate Policy decision to affiliate with major academic health centers, including geographic proximity, so as to foster collaborative patient care programs and joint basic research initiatives. During late 1989 and early 1990, three locations, including the University of California at San Francisco, Stanford and the University of California at Davis were evaluated as potential sites. Because of the long-standing association with UCSF, very serious consideration was given to potential capital and programmatic alternatives designed to sustain the existing affiliation. Unfortunately, the absence of an available physical site was the determinant factor. The circumstances in Sacramento, particularly the availability of over five acres of land immediately adjacent to the University of California Davis Medical Center, provided the alternative consistent with the Corporate Mission of the Shriners Hospitals for Children.

Based on these findings, the Corporate decision was made to build a replacement facility in Sacramento.

The SHCNC in San Francisco is a licensed health care facility providing both acute pediatric and rehabilitative services. The facility is licensed for seventy (70) beds, fifty (50) of which are pediatric medical/surgical and twenty (20) which are dedicated to orthopaedic and spinal cord injury rehabilitation. At this time, forty eight (48) beds are in operation. For Fiscal Year 1996, the Hospital's occupancy, based on beds in operation, was 46.4%. The total volume of service elements in FY 1996 was as follows:

Total active patients	8021
Total admissions	747
Total patient days	8124
Total operations	634
Total ambulatory care visits	9342

The volume of service provided to residents of San Francisco has remained very steady, albeit with a minor decrease, since Fiscal Year 1991.

The SHCNC current patient population is referred from a wide geographical area (See Attachment I: California Referral Base). As is noted on Attachment I, 412 patients or 5% of the SHCNC patient population live within the City and County of San Francisco. Over 60% of our patient population is currently referred from the Sacramento Valley and its northern regions, the San Joaquin Valley and the East Bay. Approximately 20% of our patient population is referred from other Western States and beyond.

Irrespective of the geographic location of its referred patient population, the Shriners Fraternal Organization (its various 'Temples' and clubs) has accepted the responsibility for providing transportation and housing to those patients and families who are in need of our clinical programs but who might otherwise be unable to access the Hospital. Everyday individual Shriners drive a significant number of patients hundreds of miles to reach the Hospital's services. SHCNC is a Hospital unique in many respects - perhaps most unique is its determination to take such steps to insure that its services are available to patients who are in need. Attachment II: Patient Communication and Patient Transportation is a recapitulation of steps which SHCNC has undertaken to assure a smooth patient transition - focusing on providing information to patients and their families about the relocation and eliciting specific concerns with regard to transportation.

A similar philosophic commitment and strategy for on-going, open communication has been implemented to insure that the staff of the SHCNC in San Francisco, was kept abreast of current issues related to the Hospital relocation. Attachment III: Staff Notification is a recapitulation and timetable of information provided to staff related to the Hospital's relocation. Staff morale is strong; approximately 65%-75% of the staff is expecting to continue their employment with the SHCNC in Sacramento.

The SHCNC intends to maintain strong clinical and programmatic linkages to the pediatric population in the City and County of San Francisco - a community with which the SHCNC has had a long and rich tradition. Very specific efforts will be made to implement a program of Screening Clinics in the San Francisco Community to insure the City's children continuing access to our programs.

If there is a need for additional information, please do not hesitate to contact me.

Sincerely,

Margaret B. Williams

Margaret Bryan-Williams
Administrator

MBW:agp

c: Richard H. Hoffelt, Chair, SHCNC Board of Governors (without enclosures)
Stephen R. Skinner, M.D., Chief of Staff (without enclosures)
David Greenhalgh, M.D., Chief of Burn Services (without enclosures)

c:\a_sacto\Mon coverletter

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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PUBLIC NOTICE

HEALTH COMMISSION MEETING

Tuesday, January 21, 1997
3:00 p.m.
Carr Auditorium
San Francisco General Hospital
22nd Street and Potrero Avenue
San Francisco, CA 94110

Presentation of the Annual Report for San Francisco General Hospital

The Budget Committee of the Commission will also meet at San Francisco General Hospital Carr Auditorium from 2:00 p.m.

(415) 554-2666 101 Grove Street, Room #311 San Francisco, CA 94102

Edward A. Chow, M.D.
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HEALTH COMMISSION
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TEL: (415) 554-2666

21/97

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AGENDA

HEALTH COMMISSION MEETING

January 21, 1997
3:00 P.M.
at
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San Francisco General Hospital
22nd Street and Potrero Avenue
San Francisco, CA 94110

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PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JANUARY 7, 1997

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Progress Report on the Department of Public Health Contract Streamlining Plan.

(3.2) **(CSAS)** - Supplemental appropriation request in the amount of $1,750,000 to fund expanded substance abuse treatment services for FY 1996-97. ($1,000,000 is requested in State and Federal Funds, and $750,000 is requested in City General Funds).

(3.3) **(SFGH)** - Supplemental appropriation request in the amount of $17,900,000 to fund increased census costs, and to increase fringe benefits, pharmaceuticals and other operating expenses at San Francisco General Hospital. (Funds requested are from State, Federal, or third party sources; no City General Funds are requested).

101 Grove Street San Francisco, CA 94102

(3.4) **CHS-AIDS** - Request for contract approval of seven programs with four community based agencies, in the amount of $1,978,820, for the period of January 1, 1997 through December 31, 1997; and contract approval of six programs with five community based agencies, in the amount of $618,549, for the period of March 1, 1997 through December 31, 1997. The community based agencies will provide HIV prevention services targeting high-risk behaviors, venue-based individual outreach, HIV counseling, testing, referral, and partner notification, and provider training. The total for all of these services is $2,597,369.

(3.5) **DMS-CMHS -** Retroactive approval of a renewal contract with Davis Ja & Associates, in the amount of $53,000 for the period of January 1, 1997, to June 30, 1997, with an option to renew in the amount of $67,000 for the period of July 1, 1997 to December 31, 1997, for the provision of program review services. (DPH contracted with Davis Ja & Assoc. for services totaling $53,000 during FY 1995-96).

(3.6) **SFGH -** Sole source request and retroactive contract with Deliverex to provide medical record storage, retrieval and delivery services for San Francisco General Hospital's Health Information Systems in an amount not to exceed $200,000 per year for the period of January 1, 1997 through December 31, 1999.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Dr. Sandra R. Hernández)

5) **ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION**

6) **APPROVAL OF A RESOLUTION AUTHORIZING THE DIRECTOR OF HEALTH TO PURSUE THE PURCHASE OF THE PLANT BUILDING LOCATED AT 2789 - 25TH STREET IN THE AMOUNT OF $10,715,000 THROUGH THE ISSUANCE OF CERTIFICATES OF PARTICIPATION**

7) **PRESENTATION AND CONSIDERATION OF ACCEPTANCE OF THE ANNUAL SAN FRANCISCO GENERAL HOSPITAL REPORT**

- Consideration of a Resolution receiving the San Francisco General Foundation Report and Accepting and Approving the Contributions from the San Francisco General Foundation.

8) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

9) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:

A. Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11.

1) Conference with Legal Counsel: Consideration of a proposed settlement of a claim, Karen Chan et al v. CCSF et al, Superior Court #977-255, in the amount of $275,000.

2) Conference with Legal Counsel: Consideration of a settlement of $22,000 from defendant, CCSF v. Pierre Merkl and David Baross, Superior Court #972-405.

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose action taken or discussions held in closed session.

Motion: The Health Commission finds that it is in the best interest of the public (not) to disclose its closed session deliberation.

Disability Access:

San Francisco General Hospital Carr Auditorium is wheelchair accessible through the elevator, at the main entrance on 22nd Street.

American sign language interpreters and readers are available during the meeting upon request. Minutes of the meeting/event are available in alternative formats, also upon request. Please call the Plant Services Department at 206-8550 at least **5 business days** in advance of need. Late requests will be honored if possible.

A sound enhancement system is also available upon request by calling the Plant Services Department at 206-8550 at least **72 hours** prior to the meeting/event. Late requests will be honored if possible.

Carr Auditorium is accessible by wheelchair-friendly Muni Lines #9 - San Bruno, #9X - San Bruno Express, and #48 - Quintara. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD). Accessible parking is available at 22nd Street and Potrero Avenue.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Thomas Lee Eades
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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1/21/97

MINUTES
OF THE
HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
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Tuesday, January 21, 1997
3:00 p.m.
at
Carr Auditorium
San Francisco General Hospital
22nd Street and Potrero Avenue
San Francisco, CA 94110

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Thomas Lee Eades Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.

President Chow introduced and welcomed newly-appointed Commissioner David J. Sanchez, Jr., Ph.D.

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

2) APPROVAL OF MINUTES OF THE MEETING OF JANUARY 7, 1997

Action Taken: The Commission unanimously adopted the minutes of January 7, 1997.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Progress Report on the Department of Public Health Contract Streamlining Plan.

(3.2) **(CSAS)** - Supplemental appropriation request in the amount of $1,750,000 to fund expanded substance abuse treatment services for FY 1996-97. ($1,000,000 is requested in State and Federal Funds, and $750,000 is requested in City General Funds).

(3.3) **(SFGH)** - Supplemental appropriation request in the amount of $17,900,000 to fund increased census costs, and to increase fringe benefits, pharmaceuticals and other operating expenses at San Francisco General Hospital. (Funds requested are from State, Federal, or third party sources; no City General Funds are requested).

This item was postponed to a future meeting.

(3.4) **CHS-AIDS** - Request for contract approval of seven programs with four community based agencies, in the amount of $1,978,820, for the period of January 1, 1997 through December 31, 1997; and contract approval of six programs with five community based agencies, in the amount of $618,549, for the period of March 1, 1997 through December 31, 1997. The community based agencies will provide HIV prevention services targeting high-risk behaviors, venue-based individual outreach, HIV counseling, testing, referral, and partner notification, and provider training. The total for all of these services is $2,597,369.

Commissioner Eades did not support the Department's recommendation. He expressed concern that a well-established mandated collaboration (Street Outreach Services) is being dismantled; and he does not believe this recommendation is in the best interest for public health.

Commissioner Barnes supported the Department's recommendation and expressed her support for the RFP process as a fair one. She also thanked the Department for taking extra steps in attempting to address the concerns of the community expressed at a previous Commission meeting.

Public Speaker: Anna-Claire Meyer

Commissioner Monfredini supported the Department's recommendation and felt that while the process was not perfect, it was a fair one. The Budget Committee with a 2 to 1 vote recommended approval to the full Commission.

(3.5) **DMS-CMHS** - Retroactive approval of a renewal contract with Davis Ja & Associates, in the amount of $53,000 for the period of January 1, 1997, to June 30, 1997, with an option to renew in the amount of $67,000 for the period of July 1, 1997 to December 31, 1997, for the provision of program review services. (DPH contracted with Davis Ja & Assoc. for services totaling $53,000 during FY 1995-96).

(3.6) **SFGH** - Sole source request and retroactive contract with Deliverex to provide medical record storage, retrieval and delivery services for San Francisco General Hospital's Health Information Systems in an amount not to exceed $200,000 per year for the period of January 1, 1997 through December 31, 1999.

Action Taken: The Commission unanimously approved items #3.1, 3.2, 3.5, and 3.6

Action Taken: The Commission (Chow, Barnes, Guy, Monfredini, Parker) approved item #3.4.

Commissioner Eades voted no on #3.4.
Commissioner Sanchez abstained on #3.4 due to conflict of interest.

Commissioner Guy commented that the evaluation of all of the HIV prevention services would be an important component.

Dr. Hernández stated that if the Department is not reaching certain populations with these contract services, the Department will address this.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Dr. Sandra R. Hernández)

BUDGET

Governor's Proposed 1997-98 Budget

On January 9, 1997 the Governor released his proposed 1997-98 State budget. While the Governor's budget proposes sweeping welfare changes pursuant to passage of Federal welfare reform (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996), there is no proposed overall reduction in Medi-Cal spending. Medi-Cal spending will continue at the same level as in 1996-97, $18.4 billion statewide, which represents 40.5% of the Health and Welfare budget. The budget includes a net increase of $44.4 million expenditures in health and mental health services.

We are still in the process of determining the fiscal impact of the Governor's proposals on the Department. The Department will provide a complete report of the fiscal and programmatic impact of the budget at the next Health Commission meeting, when our proposed 1997-98 budget will be considered.

Unlike budget proposals in prior years, the 1997-98 proposed budget does not include a reduction in distinct part nursing facility rates nor elimination of optional Medi-Cal benefits. However, the following Medi-Cal reductions are proposed:

- Elimination of alcohol or drug addiction as a disability for SSI qualification is projected to save the State $28 million;
- New State controls on billing for non-invasive tests and monthly limits on certain medical equipment, supplies and laboratory services are expected to save the State $17.7 million;
- Long term care program changes projected to save the State's General Fund $10.1 million. The changes involve lowering the reimbursement rate for individuals in acute care hospitals waiting for a skilled nursing bed, discontinuing payments for empty beds, and placing a moratorium on licensing of new distinct part nursing facility beds.

On the positive side, the Governor is proposing increased funding for the following public health programs ($165.65 million total funding):

- An additional $58 million for Medi-Cal coverage of human growth hormone for treatment of beneficiaries with AIDS;

- Expansion of investigations and surveillance of emerging infectious diseases by an additional $2.4 million statewide;

- Expansion of the Tuberculosis Control Program by $2.9 million to provide housing for recalcitrant patients;

- Increased child health exams and immunizations to expanded age groups;

- Additional State funds for the Childhood Lead Poisoning Prevention Program;

- Increased funding to prevent unwed and teenage pregnancy and expansion of a provider network for contraceptives to prevent unintended pregnancy.

While we are still analyzing the Governor's budget proposal, we do have a major concern about the potential impact of one of the components. While the Governor is proposing increased funding statewide for the AIDS Drug Assistance Program (ADAP) and for targeted HIV/STD outreach, counseling and referral, he is proposing that $12.9 million in Ryan White Title I from the nine California EMAs partially fund the increase in ADAP. This redirection in funds could potentially result in additional reductions of $2-4 million in Ryan White Care funds for San Francisco's specific programs and needs.

The Governor's welfare reform-related health care proposals are as follows:

- Continued Medi-Cal eligibility for legal immigrants in the U.S. by 8/22/96;

- Discontinuation of full-scope Medi-Cal for legal immigrants who arrived after 8/22/96;

- As anticipated, discontinuation of State-only prenatal services for undocumented immigrants (a projected State savings of $80 million);

- Phase-out of long-term care to current undocumented beneficiaries.

The Governor's proposed reductions and revisions in the AFDC program, coupled with changes resulting from Federal welfare reform, have very serious implications for clients. The Governor proposes decreasing welfare-related spending by an estimated $381 million, primarily in grant reductions and eligibility restrictions. Additionally, the Governor proposes eliminating the cash assistance requirement in Section 17000 of the California Welfare and Institutions Code.

California will receive a $3.7 billion Federal block grant for welfare. The State and localities must meet a $2.9 billion MOE requirement. The Governor's proposal creates CalTAP (California Temporary Assistance Program) under Federal Temporary Assistance to Needy Families (TANF) (formerly AFDC). The following are some of the proposals to reduce grants and restrict eligibility:

- Effective 1/1/97, there is a 4.9% Statewide grant reduction;
- After six months of aid, all recipients' grant amounts will be reduced by 15%;
- No grant level increases to families when children are conceived while parent(s) receiving cash assistance;
- New state residents can receive cash aid only up to the amount they would have received in previous state of residence;
- Time limits for receipt of assistance are 24 months during a 36-month period for recipients receiving assistance as of 1/1/98, and 12 months during a 24-month period for recipients who begin receiving assistance after 1/1/98;
- Able-bodied single adults are required to work 32 hrs./wk. while receiving aid, although there are some exemptions. The Federal requirements are much more lenient.

The Governor is proposing two changes in the welfare program which would help recipients somewhat in coping with these changes:

- Two year Transitional Child Care and Medi-Cal for beneficiaries who leave CalTAP due to employment (increased from one year);
- When a family is no longer eligible due to time limits or inability to meet work requirements, "non-cash benefits" would be provided for children for basic needs normally covered through a cash grant.

SAN FRANCISCO GENERAL HOSPITAL

SFGH Specialist Award

Richard Kallet, RRT MS, has been selected as a Specialty Award Recipient by the Society of Critical Care Medicine for his research abstract submitted, "Pressure Control Ventilation (PVC) Reduces Assisted Work of Breathing Better than Volume Control Ventilation (VCV) in Acute Respiratory Failure." Mr. Kallet will be presented with the award on Friday, February 7th in San Diego at the annual Society of Critical Care Symposium.

Diversion Statistics

Critical Care diverted for 4 hours and 0 minutes or 0.9%. Average census at time of diversion was 19 patients. ED diverted for 22 hours and 32 minutes or 4.9%.

LAGUNA HONDA HOSPITAL

LHH Social Services Provided to the San Francisco Senior Center, Aquatic Park

In response to a request by the Aquatic Park San Francisco Senior Center, LHH will provide social services at the Center. Beginning March of 1997, a Clinical Nurse specialist will provide health education and health promotion activities one half day a week. In July of 1997, a social work student intern will be available. A LHH Social Worker will also provide a grief support group for one to two hours a week for an eight-week period.

Medical Staff Applications

I have signed, on behalf of the governing body, medical staff applications for the following Laguna Honda medical staff:

1. Kathryn A. Glatter, M.D., who will provide as needed night and weekend coverage;
2. Colleen Riley, M.D., who will provide part-time day coverage; and
3. Michael Rodevich, Ph.D., who will provide part-time neuropsychology coverage.

DIVISION OF MENTAL HEALTH

Foster Care/Mental Health Unit

The Foster Care/Mental Health Unit has completed the design of the screening and assessment protocols, and has begun to pilot the procedures with the DHS Probate/Legal Guardianship Unit. It is projected that the Teen Unit and the Shelter will be the next units to be brought on line. The Unit will also be providing recommendations for both new referral for therapy as well as request for extension of therapy from the DHA provider network.

Seriously Emotionally Disturbed/Mental Health (SED/MH) Partnership

The SED/MH partnerships continue to be in full operation at 39 classrooms. The teachers in the partnerships will be completing the Achenback as part of the System of Care (SOC) evaluation. Space for on-site work continues to be a problem for many providers, given the need to reduce class size for the K-3rd grade. The school district is aware of the severity of the space crunch and has promised to do what they can to fix the problem.

Early Mental Health Intervention Project

The initial orientation and training for the five consultants have been completed. They are currently providing consultation to 19 subsidized child care centers throughout the City. The clinical service component is projected to begin next month.

SF Child and Adolescent Psychodiagnostic Assessment Services

In its third year of operation, the San Francisco Child and Adolescent Psychodiagnostic Assessment Services continues to provide psychological assessments for children and youth referred from mental health clinics and community based agencies. The project is supported by the Child, Youth and Family Section of DMS, and the California Association of Psychology Internship Council. During school year 96-97, five interns from professional psychology schools in the Bay Area have been selected to participate in the program and have been assigned to one of four outpatient programs: OMI Family Center, Mission CAFSC, FMP, and CCDC. Twenty-seven (27) cases have been referred for assessment from September to November 1996.

MAYOR'S CRIMINAL JUSTICE COUNCIL

Application of State Funds

The City and County of San Francisco is applying for state funds under the Juvenile Crime Enforcement and Accountability Challenge Grant Program under the authority of the State Board of Corrections. MCJC have hired the Delancey Street Foundation to design the Local Action Plan for juvenile justice which will be turned in to the State in March.

The legislation establishing the fund requires that an oversight committee be established in order for any given county to apply for funds and requires the appointment of someone who deals with forensic health and substance abuse issues. Flynn Bradley from DPH Forensics was officially appointed to the Council because of his background in criminal justice and his current position.

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

Carbon Monoxide Exposure Evaluations at Moscone Center

Workers setting up shows at the Moscone Center have expressed concern over exposure to vehicle exhaust. To fully evaluate these concerns, extensive air sampling and biological monitoring for carbon monoxide (CO) was conducted during the set-up of the MACWORLD show in early January. OSH Program staff worked with personnel from the San Francisco Convention Facilities, Crawford & Company, UCSF, and Lawrence Livermore National Laboratory to Design and coordinate the monitoring program. Crawford & Company conducted traditional air sampling for CO, and Lawrence Livermore field tested a new instrument for measuring CO in the air. Physicians and nurses from UCSF measured CO in exhaled breath, which correlates with carboxyhemoglobin levels. The survey went very well, and the data should be available in the near future.

Helping Supervisors Solve Office Ergonomic Problems

In response to the increasing concern among City supervisors about how the office work environment can contribute to employee repetitive strain injuries (RSI's), the Occupational Safety and Health Program (OSH), has developed a new course offering, called an *Introduction to Office Ergonomics*. This class provides supervisors and Department Ergonomic Facilitators with basic information about ergonomics, and how the application of ergonomic principles can reduce the potential for injuries while improving employee comfort and productivity. Through the use of problem solving exercises, participants learn how to identify common risk factors associated with RSI's and gain practice designing solutions for resolving "problem" work areas. By increasing supervisor's awareness about ergonomic issues, the focus on addressing RSI's can move from treatment of injuries, to that of prevention.

December 1996 Department of Public Health statistics are available in the Commission Office.

5) ELECTION OF PRESIDENT AND VICE PRESIDENT OF THE HEALTH COMMISSION

Commissioner Monfredini nominated Commissioner Chow for President.
Commissioner Sanchez seconded the nomination.

Action taken: The Commission unanimously elected Commissioner Chow as President of the Commission.

Commissioner Guy nominated Commissioner Monfredini for Vice President.
Commissioner Parker seconded the nomination.

Action taken: The Commission unanimously elected Commissioner Monfredini as Vice President of the Commission.

President Chow thanked the Commission and made the following remarks:

> "I would like to thank the Commission for the privilege of serving as your President again for the coming year. Over the past year, we have continued to meet the needs of our residents by moving forward with a restructuring process designed to meet the health needs of our city for the coming years. We have come a long way from where we were last year. We have identified our needs -- to develop an effective integrated delivery system to placing additional emphasis on traditional public health services. We are the premier AIDS model

in the country. We have faced the challenges of preserving the safety net in the face of managed care. Through the initiative of our Mayor, we have explored the needs for universal health access, children's services, breast cancer research, and a need to respond to the rising problems of substance abuse. The momentum of change is no more evident than in the report we will receive today from our outstanding public hospital -- as it discusses also not only its operations but how it serves an integrated delivery system.

We face continued pressure on resources, including dwindling State and Federal support. However, we have such assets as a strong commitment to health services from our Mayor, the extraordinary talents of our Director of Health, Dr. Sandra Hernández, and the great interest of our public in health services.

Each of us are stewards of the health of our city. In the coming year, we will need to make best use of our resources and best use of opportunities, including public-private collaborations, as appropriate, to preserve the safety net services and enhance preventive services for a healthy San Francisco."

6) APPROVAL OF A RESOLUTION AUTHORIZING THE DIRECTOR OF HEALTH TO PURSUE THE PURCHASE OF THE PLANT BUILDING LOCATED AT 2789 - 25TH STREET IN THE AMOUNT OF $10,715,000 THROUGH THE ISSUANCE OF CERTIFICATES OF PARTICIPATION

This item was postponed to a future meeting.

7) PRESENTATION AND CONSIDERATION OF ACCEPTANCE OF THE ANNUAL SAN FRANCISCO GENERAL HOSPITAL REPORT

Richard Cordova, Executive Administrator for San Francisco General Hospital, presented the Annual Report, which included a summary of activities of the hospital in compliance with JCAHO (Joint Commission on Accreditation of Healthcare Organizations) standards. San Francisco General Hospital was last surveyed by JCAHO in December 1995. The next survey will be in 1998. The strategic goals, hospital quality improvement plan, utilization management plan, and the plan for providing care were reviewed and approved by the Health Commission prior to the 1995 JCAHO survey. Since the JCAHO allows these plans to be reviewed and approved by the governing body on a triennial basis, no action by the Commission is required this year. We will be revising, as appropriate, these documents during the 1997 calendar year and will present them to the Health Commission for approval prior the 1998 JCAHO survey.

The Annual Report included:

I. Governing Body Responsibilities
II. Annual Report

- Strategic Goals Update
- Nursing Report
- Medical Staff Report
- Providing Patient Care
  - Patient Rights Policies

- Hospital Quality Improvement Plan
  - Quality Improvement Summary
  - Risk Management Summary
  - Health and Safety
- Customer Satisfaction/Relations Summary
- Competency Report
- Utilization Management Plan
  - Utilization Summary

III. Volunteers Report
IV. Foundation Report and Acceptance Contribution

The Commission accepted the San Francisco General Hospital Annual Report.

Consideration of a Resolution receiving the San Francisco General Foundation Report and Accepting and Approving the Contributions from the San Francisco General Foundation.

Action Taken: The Commission unanimously approved Resolution #1-97, "Accepting and Approving Contributions from the San Francisco General Foundation", (Attachment A).

Mr. Cordova acknowledged his Executive Staff along with the Planning and Management Services Staff and Sue Currin of Quality Management.

Commissioners' Comments:

- The Competency Report should be at the high level as when the JCAHO survey was done.

- The Annual Report is a world-class document which has a focus on patients and staff.

- The writing and visuals in the report represent a quality product.

- The role of medical staff and the total hospital staff in managed care was acknowledged.

- The integration of the medical staff into the Community Health Network is a major accomplishment.

The Commission thanked Mr. Cordova and his staff for an outstanding report.

8) OTHER BUSINESS

President Chow announced that for continuity in budget deliberations, he has requested Commissioner Monfredini to continue as Chairperson of the Budget Committee. Commissioner Monfredini accepted the appointment.

PUBLIC COMMENTS

1) Frederick Hobson requested information on the San Francisco Health Authority's appointment process.

Because the Health Commission does not have jurisdiction on this issue, President Chow referred Mr. Hobson to the Health Authority.

2) Harold West expressed the need for substance abuse services in the City and his concern over the homeless deaths.

9) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:

A. Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11.

1) Conference with Legal Counsel: Consideration of a proposed settlement of a claim, Karen Chan et al v. CCSF et al, Superior Court #977-255, in the amount of $275,000.

2) Conference with Legal Counsel: Consideration of a settlement of $22,000 from defendant, CCSF v. Pierre Merkl and David Baross, Superior Court #972-405.

Action Taken: The Commission unanimously voted to conduct a closed session on the two above items.

Action Taken: The Commission unanimously approved the settlement of a claim, Karen Chan et al v. CCSF et al, Superior Court #977-255, in the amount of $275,000.

Action Taken: The Commission unanimously approved the settlement $22,000 from defendant, CCSF v. Pierre Merkl and David Baross, Superior Court #972-405.

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose action taken or discussions held in closed session.

Action Taken: The Commission unanimously finds that it is in the best interest of the public not to disclose its closed session deliberations.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-97

ACCEPTING AND APPROVING CONTRIBUTIONS FROM THE SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

WHEREAS, the San Francisco Health Commission supported and endorsed the formation of the San Francisco General Hospital Foundation; and,

WHEREAS, the Department of Public Health shall enter into a Memorandum of Understanding with the Foundation which shall detail mutual obligations; and,

WHEREAS, the San Francisco General Hospital Foundation has contributed $368,821.21 to the San Francisco General Hospital; now, therefore, be it

RESOLVED, that the San Francisco Health Commission accept and approve this contribution on behalf of San Francisco General Hospital, Department of Public Health.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, January 21, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Thomas Lee Eades
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

AGENDA

HEALTH COMMISSION MEETING

February 4, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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JAN 31 1997
DOCUMENTS DEPT.

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF JANUARY 21, 1997**

3) **CONSENT CALENDAR OF BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) Update and 90-day progress report on a renewal contract with Seneca Center in the amount of $604,545, to provide San Francisco Alternatives Program and Sub-Acute Residential/Step Down Program services for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Seneca for services totaling $342,000 during FY 1994-95).

(3.2) Presentation and discussion of the Department of Public Health revenues and expenditures for five months of FY 1996-97.

(3.3) **CPHS -** Request for sole source approval and a new contract with Polaris Research and Development (Polaris) in the amount of $150,000 to provide technical assistance, training and outreach services for the Perinatal Outreach and Education Project, for the period of certification through June 30, 1997. (DPH contracted with Polaris for services totaling $537,299 during FY 1995-96).

(3.4) **DMS-CMHS** - New contract with UC Regents Clinical Practice Group SFGH in the amount of $737,285 to implement a new community focused mental health service pilot program serving the severely mentally ill adults of San Francisco for the period of February 1, 1997 to June 30, 1997. This is a Single Point of Responsibility (SPR) program serving "high user" clients in preparation of a capitated contract to begin July 1, 1997. (DPH contracted with UC Regents for services totaling $10,774,933 during FY 1995-96).

(3.5) **DMS-CMHS** - New contract with Westside Community Mental Health Center (WCMHC) in the amount of $676,437 to implement a new assertive community mental health treatment pilot program serving the severely mentally ill adults of San Francisco for the period of February 1, 1997 to June 30, 1997. This is a Single Point of Responsibility (SPR) program serving "high user" clients in preparation of a capitated contract to begin July 1, 1997. (DPH contracted with WCMHC for services totaling $7,079,303 during FY 95-96).

(3.6) **DMS-CSAS** - Retroactive multiyear contract renewal with St. Vincent de Paul Society of San Francisco (SVDP) in the amount of $848,710, to provide Substance Abuse Drop-in/Reception, Detoxification and Mental Health/Substance Abuse services to the homeless for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SVDP for services totaling $766,161 during FY 1995-96).

(3.7) **DMS-CSAS** - Retroactive multiyear contract renewal with Bay Area Addiction Research and Treatment (BAART), in the amount of $3,416,675/fourth year to provide methadone maintenance and substance abuse treatment services, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with BAART for services totaling $3,339,909 during FY 1995-96).

(3.8) **DMS-Forensics** - Retroactive contract renewal with Symphony/MobilX Corrections Diagnostic Services, Inc. in the amount of $165,738 per year, to provide on-site and Mobil X-ray services (including TB screening) to persons in the County jails and San Francisco DPH clients for the period of July 1, 1996 through June 30, 1998. (DPH contracted with Symphony/MobilX for services totaling $117,114 during FY 1995-96).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Dr. Sandra R. Hernández)

5) **CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CLOSING OF SHRINERS HOSPITAL WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY**

6) **CONSIDERATION OF A RESOLUTION AUTHORIZING THE DIRECTOR OF HEALTH TO PURSUE THE PURCHASE OF THE PLANT BUILDING LOCATED AT 2789 - 25TH STREET IN THE AMOUNT OF $10,715,000 THROUGH THE ISSUANCE OF CERTIFICATES OF PARTICIPATION**

7) **CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH'S RECORDS RETENTION AND DESTRUCTION POLICY**

8) **CONSIDERATION OF A RESOLUTION OF THE DEPARTMENT OF PUBLIC HEALTH REGARDING THE IMPLEMENTATION OF PROP 215 (MEDICAL MARIJUANA INITIATIVE)**

9) **PRESENTATION, DISCUSSION, AND PUBLIC HEARING ON THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET AND NEW PROGRAM INITIATIVES FOR FY 1997-98**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Debra A. Barnes
Vice President

Roma P. Guy, M.S.W.
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL. (415) 554-2666

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4/97

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, February 4, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:20 p.m.

Present:	Commissioner Debra A. Barnes
	Commissioner Edward A. Chow, M.D.
	Commissioner Roma P. Guy, M.S.W.
	Commissioner Lee Ann Monfredini
	Commissioner Harrison Parker, Sr., D.D.S.
	Commissioner David J. Sanchez, Jr., Ph.D.

President Chow announced that Thomas Lee Eades has resigned from the Commission.

On behalf of the Commission, President Chow presented outgoing Commissioner Sharon Gadberry, Ph.D., a special plaque in appreciation for her two years of service on the Commission. Jo Ruffin, Deputy Director of Mental Health, thanked Ms. Gadberry for her work on mental health issues.

President Chow announced the following 1997 assignments of Commissioners:

Budget Committee
Chairperson, Lee Ann Monfredini
Debra Barnes
David J. Sanchez, Jr., Ph.D.

IHSS (In Home Supportive Services) Public Authority
Harrison Parker, Sr., DDS

Joint Conference Committee for QA - SFGH
Chairperson, Edward A. Chow, MD
Harrison Parker, Sr., DDS

Joint Conference Committee for QA - LHH
Chairperson, Lee Ann Monfredini
Roma Guy, MSW

Joint Conference Committee for QA - Public Health
Chairperson, Roma Guy, MSW
David J. Sanchez, Jr., Ph.D.

Liaison to Integrated Delivery Systems (IDS)
Edward A. Chow, MD

Mayor's Criminal Justice Council Executive Committee
Edward A. Chow, MD

San Francisco Health Authority
Debra Barnes

SFGH Foundation
Debra Barnes

2) APPROVAL OF MINUTES OF THE MEETING OF JANUARY 21, 1997

Action Taken: The Commission unanimously adopted the minutes of January 21, 1997.

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Update and 90-day progress report on a renewal contract with Seneca Center in the amount of $604,545, to provide San Francisco Alternatives Program and Sub-Acute Residential/Step Down Program services for the period of July 1, 1996 through June 30, 2000. (DPH contracted with Seneca for services totaling $342,000 during FY 1994-95).

Jo Ruffin, Deputy Director for Mental Health, provided background information on Seneca Center and a quality assurance follow-up report, which shows an overall improvement in significant program areas.

Commissioner Monfredini requested another 90-day progress report to the Commission in May. (May 6, 1997).

(3.2) Presentation and discussion of the Department of Public Health revenues and expenditures for five months of FY 1996-97.

Monique Zmuda, Chief Finance Officer, reported the Department budget is projected to be in balance, depending on the $17.9 requested supplemental at San Francisco General Hospital (revenues anticipated at SFGH).

Commissioner Barnes requested a 6-month budget review after the SFGH supplemental is considered by the Commission.

(3.3) **CPHS -** Request for sole source approval and a new contract with Polaris Research and Development (Polaris) in the amount of $150,000 to provide technical assistance, training and outreach services for the Perinatal Outreach and Education Project, for the period of certification through June 30, 1997. (DPH contracted with Polaris for services totaling $537,299 during FY 1995-96).

(3.4) **DMS-CMHS -** New contract with U.C. Regents Clinical Practice Group SFGH in the amount of $737,285 to implement a new community focused mental health service pilot program serving the severely mentally ill adults of San Francisco for the period of February 1, 1997 to June 30, 1997. This is a Single Point of Responsibility (SPR) program serving "high user" clients in preparation of a capitated contract to begin July 1, 1997. (DPH contracted with U.C. Regents for services totaling $10,774,933 during FY 1995-96).

This item was postponed to a future meeting.

(3.5) **DMS-CMHS -** New contract with Westside Community Mental Health Center (WCMHC) in the amount of $676,437 to implement a new assertive community mental health treatment pilot program serving the severely mentally ill adults of San Francisco for the period of February 1, 1997 to June 30, 1997. This is a Single Point of Responsibility (SPR) program serving "high user" clients in preparation of a capitated contract to begin July 1, 1997. (DPH contracted with WCMHC for services totaling $7,079,303 during FY 1995-96).

(3.6) **DMS-CSAS -** Retroactive multiyear contract renewal with St. Vincent de Paul Society of San Francisco (SVDP) in the amount of $848,710, to provide Substance Abuse Drop-in/Reception, Detoxification and Mental Health/Substance Abuse services to the homeless for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SVDP for services totaling $766,161 during FY 1995-96).

Commissioner Monfredini commented that the organization needs to be strengthened, with management requiring attention and the Board complying with Commission policies.

The Executive Director and Board Chairman made a commitment to address the compliance issue.

The Commission requested a status report to come to the Commission prior to July 1, 1997.

(3.7) **DMS-CSAS -** Retroactive multiyear contract renewal with Bay Area Addiction Research and Treatment (BAART), in the amount of $3,416,675/fourth year to provide methadone maintenance and substance abuse treatment services, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with BAART for services totaling $3,339,909 during FY 1995-96).

Commissioners emphasized that non-compliance on the Board composition policy is unacceptable. The Executive Director made a commitment to compliance.

Commissioner Barnes requested a status report be brought to the Commission for review on April 1, 1997.

(3.8) **DMS-Forensics** - Retroactive contract renewal with Symphony/MobilX Corrections Diagnostic Services, Inc. in the amount of $165,738 per year, to provide on-site and Mobil X-ray services (including TB screening) to persons in the County jails and San Francisco DPH clients for the period of July 1, 1996 through June 30, 1998. (DPH contracted with Symphony/MobilX for services totaling $117,114 during FY 1995-96).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, except for #3.4, which was postponed to a future meeting.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Dr. Sandra R. Hernández)

MEDI-CAL MANAGED CARE

San Francisco Health Plan

As of February 1, 1997, the San Francisco Health Plan had 4,675 enrollees (87% of those in the mandatory aid code categories). As with the January 1997 enrollment, for the month of February 1997, 60% of the Health Plan's enrollees have the Community Health Network as a provider (includes both choosers and defaults). The San Francisco Health Plan gained 3,565 enrollees from the prior month.

As a result of the improved enrollment status, the San Francisco Health Authority has indicated that it will not need the originally requested $459,000 to cover ongoing operating expenses (cash flow) at this time. The Department had been working closely with the Mayor's Office to identify funding for this potential request. The Mayor's Office was very cooperative in exploring ways to assist the Health Authority given the City's current financial constraints. The Department will keep the Commission apprised of the Health Authority's financial condition as we progress during this critical enrollment period.

While the Health Authority has received a significant increase in its enrollment since last month, it is still experiencing problems with the State's enrollment process. For example, several Medi-Cal beneficiaries did not receive the San Francisco Health Plan's brochure and provider directory when the HCO contractor mailed the enrollment packets last month. These Medi-Cal beneficiaries received only the enrollment form, comparison chart on the health plans, and CaliforniaCare's brochure and provider network. The San Francisco Health Plan has been working with the State to rectify this situation.

FQHC Payment Methodology

On January 24, 1997, the Department met with the State to iron out a proposal to create a pilot "FQHC wrap around" payment methodology under the Medi-Cal Managed Care Two-Plan Model. In addition to San Francisco County, Santa Clara County also expressed interest in participating in the pilot. In each county, the project was supported by the Local Initiatives, Commercial Plan and FQHCs. The basic principles of the pilot are that:

- Sufficient funding to allow health plans to provide the same reimbursement to FQHCs as to non-FQHCs
- State retains balance of funding for FQHC interim rate reimbursement
- Capitation rate is only adjusted to reflect FQHC

Unfortunately, the meeting with the State was not as fruitful as we had hoped. The State is adamant that this pilot not result in any increased FQHC costs for the State. They are also concerned about potential over-utilization of FQHCs under this pilot project. Both counties will be meeting later this week to develop a response to the State's concerns. One proposal that came forth was to capitate FQHCs in a risk-sharing arrangement which would result in waiving cost-based reimbursement. Another proposal would set a cap on FQHC expenditures to ensure that the State witnesses no growth in its FQHC costs. These and other options will be explored. The Department will report back to the Commission as it continues to work with the State on this critical issue.

CaliforniaCare (Blue Cross) Contract

In January, CaliforniaCare (Blue Cross) extended its provider contract with Community Health Network until March 1, 1997. Under this contract, the CHN receives interim cost-based reimbursement for Medi-Cal managed care beneficiaries who receive services at our FQHCs. This interim arrangement is in place until we can work with the State on a long-term solution. Both the Department and CaliforniaCare (Blue Cross) remain convinced that an FQHC wrap-around reconciliation with the State is the most appropriate mechanism for ensuring that Medi-Cal beneficiaries continue to receive necessary services from these essential providers. HMOs should not take on any additional financial risk in order to achieve this. We hope to propose a more lasting solution to the State before this contract expires on March 1, 1997.

Default Enrollment

The State is proposing to change its long-standing default enrollment policy. Under this mid-stream policy change, Local Initiatives are guaranteed minimum enrollment levels while the Commercial Plans are given maximum enrollment levels. This policy was established to better equalize a competitive relationship among unequal participants. The State has previously acknowledged developing this policy to ensure that Local Initiatives, such as the San Francisco Health Plan, are “financially viable” and assure sufficient enrollment to generate disproportionate share funding and “protect the safety net.” It is our understanding that the State could issue emergency regulations to change the policy as soon as this Friday, February 7, 1997. We would strongly challenge both the use of emergency regulations to effectuate this redirection as well as the policy itself.

The changes would alter the default policy so that once a Local Initiative reaches its minimum enrollment, all defaults would be allocated to the Commercial Plan until the Commercial Plan reaches an enrollment of 22,500 or 50% of its maximum (whichever is greater). During this period the Local Initiative would receive only those defaults required to maintain their minimum enrollment levels. This change essentially creates a minimum enrollment level for the Commercial Plan. It is our understanding the Commercial Plans have put considerable pressure on the State to change its default policy in light of the fact that fewer than expected Medi-Cal beneficiaries are enrolling in the Commercial Plans despite large marketing budgets and expenditures by these private HMOs.

The California Alliance of Local Health Plans has been working with the State to ensure that the existing policy is not changed, or at a minimum that a compromise can be found. We believe that the perceived problems with the default stem from breakdowns in the enrollment process and not with any inherent flaw in the default policy. Each county is actively having its legislative delegation weigh in on this issue.

HEALTH SPENDING AND HEALTH INSURANCE

California Wellness Foundation Report

Last month I attended a Chronicle editorial board briefing on the release of The California Wellness Foundation's *Spending for Health: Californians Speak Out About Priorities for Health Spending* survey This is the third in a series of state-level "Living Well" surveys sponsored by the organization as part of its Health Improvement Initiative.

The survey found that San Franciscans, as compared to all California respondents, are more likely to support increasing spending for programs to prevent illness and promote health. San Franciscans are also more in favor of expanding health services even if such expansion requires State and/or local tax increases. A majority of Californians and San Franciscans advocate "sin" taxes to support community health programs, but few favor charging a surtax on the health insurance premiums paid by businesses and individuals. San Francisco residents were much more likely to favor the provision of services to undocumented residents, although many State and County residents support the provision of community health services to legal immigrants.

The sample was comprised of 4,803 California residents, including 200 San Francisco residents.

Health Insurance Policy Program Report

The Health Insurance Policy Program has completed the first in a series of five annual reports that will analyze trends in access to health insurance in California. The report, *The State of Health Insurance in California, 1996,* includes information from six statewide surveys of California's non-elderly population, employers, HMOs, health insurance carriers, and purchasing groups. Major findings include the following:

- In 1994, 6.6 million or 23% of the State's residents under age 65 were uninsured, as compared to 17% of U.S. residents. Over half (57%) of non-elderly California residents had employment-based health insurance, while 66% of non-elderly U.S. residents had such coverage.

- The national average rate of Medicaid coverage for non-elderly persons was 10%, however, in California it is 14%.

- In 1994, for non-elderly Californians with family incomes below 100% of the federal poverty level, 38% were uninsured, and 46% received Medi-Cal. One out of five (20%) children is uninsured, and one out of four (25%) receive Medi-Cal.

- Insurance coverage varied across the State in 1994. Among the six HIPC areas, the San Francisco Bay Area had the lowest uninsured rate at 16%, while Los Angeles County had a rate of 32%. In addition, San Francisco had the highest proportion (71%) of its population covered by employment-based health benefits, while Los Angeles had the lowest share (48%).

- In 1996, more than one-half of all uninsured adults in California cited a job-related reason (either loss of a job or lack of employer-based coverage) for their lack of health insurance coverage.

Information from this report will be used by the Mayor's Blue Ribbon Task Force as it seeks to reduce the number of uninsured persons.

Uninsured Conference

Last week I attended a conference on *Getting the Uninsured Insured: Public and Private Efforts.* The purpose of the conference was to discuss local efforts to covering the uninsured as well as potential financing mechanisms. I presented general information on the City's planning for expanded health care coverage. Ms. Kisliuk, Deputy for Fiscal and Legislative Restructuring, and Ms. Tangerine Brigham, Director of Policy and Planning, also attended the conference and have been closely following local efforts to provide health coverage for the uninsured both in and outside of California. The information gathered in the conference will be used by the Mayor's Blue Ribbon Committee on Universal Health Care as it develops its proposal for providing health coverage to the indigent.

GOVERNOR'S BUDGET

Long-Term Care Services for Undocumented Residents

The California Department of Health Services recently issued proposed regulations to eliminate State-only funded long-term care services for undocumented persons. DHS will hold a public hearing regarding the proposed regulations on March 5, 1997, (written comments are also due by this date). The Department is preparing a response to these regulations.

The State estimates that implementation of these regulations would result in a $10.3 million General Fund savings. The Department is attempting to determine how the State calculated this savings amount given that the Governor's 1997-98 proposal does not include any savings from phasing out long-term care services for undocumented residents. The State anticipates that the regulations will take effect July 1, 1997, however, the State is currently required by a Court injunction to provide these services. In order to implement these regulations and terminate services, the injunction must be lifted. The State is taking steps to lift the injunction.

Prenatal Care to Undocumented Women

The Governor has filed an appeal with the State Court of Appeals to permit discontinuation of prenatal care to undocumented women. The State filed this appeal in response to Judge William Cahill's Superior Court ruling that the State could not eliminate prenatal care services through the emergency regulatory process since no State emergency existed. As you recall, the City and County of San Francisco was a plaintiff in this action. The Governor has asked the Court to hear the case on an expedited basis. The Department is in the process of reviewing the State's pleadings and will work with the City Attorney's Office on any needed response. While the State is pursuing this legal remedy, it is simultaneously going through the non-emergency regulatory process to eliminate prenatal care to undocumented women. In any case, it is likely that prenatal care funding for this population will be discontinued by July 1, 1997.

ADMINISTRATION

San Francisco Primary Care Council

The San Francisco Health Department and the San Francisco Community Clinic Consortium recently convened the first meeting of the San Francisco Primary Care Council. The goal of the Primary Care Council will be to enhance and improve the City's existing Comprehensive Primary Care Programs through development and implementation of a Primary Care Access Plan. The Council will seek to maximize resources by reducing duplication of effort to uninsured, underinsured and multiple-diagnosed chronically ill in the City.

At its first meeting, the Council approved the development of key components of a Primary Care Access Plan. The components include: defining primary care and its interface with specialty and interdisciplinary care, specifying target populations, documenting existing resources and access problems, exploring expanded options for primary care education, addressing MIS/data needs and designing an optimal primary care delivery system for San Francisco.

The Council is co-chaired by myself and Gladys Sandlin, President of the San Francisco Community Clinic Consortium Board of Directors. Other members of the Council include:

- Ginger Ayala, St. Luke's Hospital
- Andrew Bindman, M.D., San Francisco General Hospital
- Donna Cannalli, Lyon-Martin Women's Health Services
- Sophia Chang, M.D., San Francisco Health Plan
- Barbara Garcia, Homeless Programs
- Herb Houston, Haight Ashbury Free Clinics
- Keith Marton, M.D., St. Mary's Medical Center
- Gene O'Connell, San Francisco General Hospital
- David Ofman, M.D., Community Health Services
- Bob Prentice, Community Health Services
- Charles Range, South of Market Health Center
- Denise Rodgers, M.D., San Francisco General Hospital
- Antonia Sacchetti, M.D., Mission Neighborhood Health Center
- Martin Waukazoo, Native American Health Center
- Sophie Wong, North East Medical Services

Hospital Outpatient Rates

As participants in the Medicaid Program, California hospitals are reimbursed by the State Department of Health Services (DHS) for outpatient services provided to Medi-Cal beneficiaries.

Last month the United States Court of Appeals in *Orthopedic Hospital et al. v. Belshe et al*, ruled that the Medicaid Act requires participating States to set reimbursement rates "...consistent with efficiency, economy, quality of care and access" and that the State Department of Health Services must "...set hospital outpatient reimbursement rates that bear a reasonable relationship to efficient and economical hospitals' actual costs of providing quality services." The decision reversed a lower Court decision held by the U.S. District Court.

It is likely that the State will appeal this decision. The Department is not anticipating changes in its current reimbursement rates as a result of this decision.

SAN FRANCISCO GENERAL HOSPITAL

St. Luke's Update

As the Commissioners are aware, the Department of Public Health has responded to the Request for a Proposal from St. Luke's Hospital. The first negotiating meeting was held Monday, January 27, 1997. In order to cover all the issues in a timely manner, we agreed to meet on a weekly basis. Our work at this time is focusing on financial scenarios and financial due diligence. I will continue to provide you with updates as these discussions progress. All policy issues related to this potential relationship will be brought to the Health Commission for review and consideration before any action is taken.

Richard Cordova Elected Secretary/Treasurer of CAPH

Richard Cordova has been appointed Secretary/Treasurer of the California Association of Public Hospitals and Health Systems (CAPH), an organization dedicated to promoting public health policies which ensure that all Californians have access to quality health care services, regardless of their ability to pay. CAPH provides leadership to the healthcare industry, elected government representatives, appointed health officials, and the media about the unique and vital contributions of county hospitals and health systems.

Diversion Statistics

Critical Care Diversion for the period January 1 through 31, 1997. Critical Care diverted for 4.0% or 30 hours. The Emergency Department diverted for 4.9% or 36 hours and 7 minutes.

LAGUNA HONDA HOSPITAL

Nomination to Local Health Authority

Anthony Wagner has been nominated to serve on the San Francisco Local Health Authority. The appointment will be made by the Board of Supervisors next week. The term is for two years.

Black History Month Celebration

Laguna Honda Hospital will be celebrating Black History Month with a show for the residents on February 21, from 2:00 - 3:00 p.m. in Simon Auditorium. The program will feature the San Francisco Department of Human Services Gospel Choir. Mayor Brown has been invited to attend.

COMMUNITY PUBLIC HEALTH SERVICES

Resignations

- It is with mixed emotions that I announce the resignation of Dorian Miller, M.D. Dr. Miller, who has served as the Medical Director of the Maxine Hall Health Center for the past three years, has accepted an offer to become a Vice President of the Robert Wood Johnson Foundation. Dr. Miller's association with the Foundation began with their sponsorship of "Grandparents Who Care," a program Dr. Miller helped found when she was a physician at Southeast Health Center. Since that time, Dr. Miller has dedicated her considerable talents to establishing the Maxine Health Center as a vital community resource in the Western Addition. Our sense of loss is shared with the Oakland Interfaith Gospel Choir, which is losing a valued soprano. I am sure that I am only one among many who wish Dr. Miller the very best in her new position, and I congratulate the Robert Wood Johnson Foundation for having gained a fine and talented person to help advance their work.

- Gail Bolan, M.D., STD Controller for the City and County of San Francisco, will be leaving the Department on or around April 1, 1997. Dr. Bolan has been with the Department more than 10 years. During that period, she has built her program into one of the top County STD programs in the country. She has successfully brought the County many STD research and treatment protocols, funded by CDC, which have greatly enhanced our capabilities in STD control. Through her efforts, San Francisco was recently chosen as a regional site for an STD training center. More importantly, under Dr. Bolan's leadership of her excellent division, STDs in San Francisco have significantly declined. Dr. Bolan will be assuming the position of STD Controller for the State of California, and we look forward to continuing our work with her in that role.

DIVISION OF MENTAL HEALTH

Human Resource Development Plan (HRDP) for Consumers and Mental Health Services

DMS launched its consumer HRDP which has been in the planning for the past several months. The development of a HRDP for consumers is part of DMS' commitment to JOBS NOW, a consumer initiative intended to promote meaningful employment of Public Health clients.

Six FTE consumers are being hired to provide peer counseling and case management services to clients who are returning to the community from institutions. The consumer staff will work closely with our clinical teams. In addition, an Advisory Team made up of consumers and providers will guide and advise the HRDP on a number of related policies and practices such as confidentiality and charting.

BUREAU OF EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Young Men's Study Results Released

On January 22, 1997, at the AIDS Public Health Monthly Grand Rounds, the AIDS Office released the results of an HIV prevalence and risk behavior survey conducted among gay and bisexual men age 15-22 years, in Alameda, Santa Clara, and San Francisco Counties.

The study found evidence of continued high risk behavior among young gay men. Overall 5.8% of 719 subjects tested HIV-positive. Infection rates were significantly higher among African American men (12.5%). Having multiple sexual partners, sharing injection drug equipment, and early onset of sexual activity were important risk factors for infection. Thirty percent of the young men reported having unprotected anal sex in the last six months.

One positive aspect of the study was that the seroprevalence was lower than the seroprevalence from a similar study conducted by the AIDS Office in 1992-93. Among San Francisco men, age 17-22, for whom we had comparable data, there was a significant decrease in HIV seroprevalence from 11% in the 1992-93 survey to 8% in the most recent survey. Following the release of the prior study, the Department of Health initiated several prevention programs aimed at young gay men, especially young gay men of color. These programs appeared to have had an effect on reducing infection rates, although there is more that must be done to further reduce infection rates, especially among African-American young men.

The study represents a collaboration between San Francisco, Alameda and Santa Clara Counties, the Center for Disease Control and Prevention (Atlanta), and an extensive network of community-based HIV prevention organizations.

EMERGENCY MEDICAL SERVICES

Red Light Running Campaign

On January 16, the Department's Office of Emergency Services was joined by Supervisor Susan Leal in a very successful joint press conference to unveil the *Stop Red Light Running Campaign*, a new initiative designed to make the public aware of the dangers of red light running.

Based on data collected from June through August, the City issued 7,568 citations for traffic signal violations. Red light running accounted for 97% of the violations. The $30,000 grant funded San Francisco campaign is one of 32 pilot program sites throughout the nation.

As a follow up to the press conference, EMS has installed a STOP Red Light Running voice mail information line to receive input from the community regarding the campaign. The office will continue working with neighborhood groups, Supervisor Leal's Office and the Traffic Safety Coalition to develop strategies to put an end to the practice of red light running in San Francisco. If the Commission members are interested in promoting this campaign on a personal level, we would be happy to make our "I Stop for Red Lights" bumper stickers available to you in three languages. We are asking all City Departments to have these stickers placed on City cars along with the "See Pedestrian" bumper stickers.

5) CONSIDERATION OF A RESOLUTION DETERMINING WHETHER THE CLOSING OF SHRINERS HOSPITAL WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

Action Taken: The Commission unanimously adopted Resolution #2-97, "Determining Whether the Closing of Shriners Hospital Will or Will Not Have a Detrimental Impact on Health Care Service of the Community", (Attachment A).

6) CONSIDERATION OF A RESOLUTION AUTHORIZING THE DIRECTOR OF HEALTH TO PURSUE THE PURCHASE OF THE PLANT BUILDING LOCATED AT 2789 - 25TH STREET IN THE AMOUNT OF $10,715,000 THROUGH THE ISSUANCE OF CERTIFICATES OF PARTICIPATION

Jerry Rankin, SFGH Administration, and Carlos Villalva, SFGH Plant Services, presented an overview, (Attachment B), of the Department's proposal to purchase the Plant Building, currently the Paramedic Division headquarters.

Action Taken: The Commission unanimously adopted Resolution #3-97, "Supporting the Purchase of Property at 2789 - 25th Street in San Francisco," (Attachment C).

7) CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH'S RECORDS RETENTION AND DESTRUCTION POLICY

At the request of our Deputy City Attorney, this item will be postponed to a future meeting.

8) CONSIDERATION OF A RESOLUTION OF THE DEPARTMENT OF PUBLIC HEALTH REGARDING THE IMPLEMENTATION OF PROP 215 (MEDICAL MARIJUANA INITIATIVE)

President Chow and Dr. Hernández welcomed District Attorney Terence Hallinan.

Dr. Mitch Katz, Director of Community Health and Safety, provided an overview of the Department's role in the implementation of the Medical Marijuana Initiative, Health and Safety Code 11362.5, (Attachment D).

District Attorney Hallinan strongly stated his support for the Commission's leadership position and the Department's role in implementing this initiative.

Dr. Katz thanked the patient advocates, buyers clubs, the medical community, and the Department staff for their role in devising the implementation guidelines.

Commissioner Monfredini requested clarification on how children will be addressed. Dr. Katz stated that two physicians' recommendations and parental consent are necessary for medicinal marijuana use for children.

Public Speakers:

Steve Heilig, S.F. Medical Society
H. Hugh Vincent, M.D., S.F. Medical Society
Vic Hernández, C.H.A.M.P.
Michael Sullivan, C.H.A.M.P.

Dr. Hernández emphasized the importance of educational forums for physicians. She also acknowledged Dr. Larry Meredith's role in devising the Department's implementation plan.

Action Taken: The Commission unanimously adopted Resolution #5-97, "Defining the Department of Public Health's Role in the Implementation of Proposition 215," (Attachment E).

9) PRESENTATION, DISCUSSION, AND PUBLIC HEARING ON THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET AND NEW PROGRAM INITIATIVES FOR FY 1997-98

Monique Zmuda, Chief Finance Officer, presented the Department's proposed FY 1997-98 budget. For a copy of the proposed budget, call the Commission Office (554-2666). The budget is in two Sections: the Baseline Budget presenting costs to continue Department services, and the New Request Budget proposing additional funding and program enhancements.

Today's meeting is for comment and discussion. Also introduced for discussion were three proposed resolutions:

1. Supporting proposed reallocation of funds and request for increase in the total budget for AIDS care for FY 1997-98.

2. Supporting increased funding to maintain existing services and to augment drug treatment and prevention services (treatment on demand).

3. Supporting additional funding for enhancement of immunizations for children and adults.

At the February 18, 1997 Commission meeting, the Commission will take action on the proposed FY 1997-98 Department of Public Health budget and the proposed resolutions.

Ms. Zmuda presented the following areas of the proposed Department of Public Health budget for FY 1997-98:

I. Introduction

II. Budget Restructuring

A. Phase I of Department Reorganization
B. Transfer of Paramedics to Fire Department
C. Management Information Systems Work Order

III. Principles for New Funding Requests - Revenues

A. Revenue Projections
B. Lost Grants Revenues
C. State Budget
D. Welfare Reform

IV. Principles for New Funding - New Initiatives

A. Substance Abuse Treatment Expansion
B. Augmentation for AIDS Care
C. Infrastructure Budget Requests
D. Pharmaceuticals
E. Prevention/Public Health
F. Mental Health Managed Care
G. Central Administration
H. Community Health Network Proposals

Public Speakers:

Steve Leoni
Laura Thomas, S.F. AIDS Foundation
Steve Heilig, S.F. Medical Society

Commissioners Comments:

- Budget report and proposed resolutions are high quality work of the Department.
- Thanked the Department staff for their hard work on the budget.
- There may be a need for a policy or principles in assessing the need to continue a grant with General Funds.

Dr. Hernández thanked Monique Zmuda, Sara Ecker, Tony Wagner, and the Division Heads for their leadership and work on the budget.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (5)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-97

DETERMINING WHETHER THE CLOSING OF SHRINERS HOSPITAL WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, the Shriners Hospital for Children in Northern California, located in San Francisco at 1701 19th Avenue, has provided care to children within unique categories of childhood illness and injury since 1922; and,

WHEREAS, Shriners Hospital's decision to relocate to Sacramento was based on the Hospital having asbestos problems, being out of structural compliance with minimum safety code building requirements, and the desire to affiliate with major academic heath centers; and,

WHEREAS, the circumstances in Sacramento, particularly the availability of over five acres of land adjacent to the University of California Davis Medical Center, provided the alternative consistent with the corporate mission of Shriners Hospital; and,

WHEREAS, the 400 pediatric patients living in the City and County of San Francisco represent less than 5% of the total patient population at Shriners Hospital; and,

WHEREAS, Shriners Hospital wishes to continue access for San Francisco patients by providing information to San Francisco patients on transportation options to Sacramento; and,

WHEREAS, in accordance with the Health Care Planning Ordinance, the Health Commission held a public hearing on December 17, 1996; now, therefore, be it

RESOLVED, that the Health Commission determines that the closing of Shiners Hospital will not have a detrimental impact on the pediatric patient population in the City and County of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 4 , 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

The City has the option to purchase 2789 25th Street, San Francisco; a property which has multiple programmatic and financial advantages to the Department of Public Health. Principal considerations are as follows:

- Property will be acquired with $10,715,000 in funds generated by certificates of participation.
- Building currently is leased by the City for Paramedics Division and by a private tenant, with over $2.3 million in City paid tenant improvements since 1990 on City occupied floors. The current lease requires the City to rent the space until the year 2005, which will total a minimum of $9,234,000 in future rent payments by the City. The private tenant's lease expires in 2000.
- Current lease payments by City are $1,026,000 per year, whereas projected debt service to purchase the building is $875,000 annually, and purchase would result in $161,000 annual savings. An additional benefit for the short-term is $265,000 in rent paid annually by the current private tenant, for a combined net benefit of $426,000. This benefit could accrue if the City continues to rent space to private tenants.
- Longer term benefit is when, upon purchase of the building, the current private tenant is able to vacate the building as early as 1998 with City assistance, allowing an additional 26,000 square feet to be used by City programs to avoid as much as $243,000 in yearly rent elsewhere.
- Structure has been seismically braced to the higher Essential Services standard for the Paramedic occupancy, and it contains relatively modern installations of HVAC, electrical, and data/telecommunications services at City-occupied floors. These improvements could be used with little modification by DPH/CHN operations.
- Paramedic Division function is being transferred to Fire Department in July 1997, and could release 38,379 square feet. Consistent with this, the plan has been to maintain a "hot back-up" dispatch site, which will have the capacity to serve as a Citywide secondary dispatch center for 911, Fire, Police and Paramedic. The use includes staff support areas, emergency supply storage, vehicle staging, and surge space. Mayor Brown has endorsed the concept of using the site as a "hot back-up."
- The one principal scenario for utilization of the building by DPH/CHN is as follows:

  Back-up for 911 Dispatch Center

  - The "hot back-up" dispatch center will occupy about 18,220 square feet, leaving about 41,320 square feet for the relocation of a variety of DPH programs from other leased sites, resulting in significant cost avoidance. Additionally, several functions from nearby San Francisco General Hospital will be relocated to the site. This will consequently enable a plan to migrate busy outpatient clinics from seismically at-risk structures to more modern quarters on the medical center campus. Immediate impacts are as follows:

Attachment B
Page 1 of 2

  - Relocation of nearly 20,000 square feet of DPH programs from current leaseholds, with average savings of $243,000 per year.
  - Relocation of 20,120 square feet of SFGH back-office units to 2789 25th Street.
  - Relocation of an equivalent amount of staff offices from the modern Main Hospital building to nearby structures on the campus.
  - Migration of three major outpatient clinics from vulnerable brick buildings to the Main Hospital building.

- Future seismic retrofit work on the medical center campus will require nearby staging space, and the building provides a convenient surge location as individual buildings are vacated.
- Should the City not complete the purchase option by November 6, 1997, the initial investment of $2.3 million will be unrecoverable, the City will be obligated to make at least $9,234,000 in rent payments until 2005, and the City will not realize the programmatic and economic benefits described above.
- In consideration of the numerous financial and programmatic benefits created by the acquisition of the property, the Department of Public Health recommends that it be purchased by the City.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-97

SUPPORTING THE PURCHASE OF 2789 - 25TH STREET SAN FRANCISCO

WHEREAS, the Department of Public Health has an existing lease for 2789 - 25th Street with an option to purchase this property; and,

WHEREAS, the City has invested $2.3 million to seismically retrofit this building to meet State safety standards as an essential service facility, and has installed a communication network for a public emergency dispatch function; and,

WHEREAS, the City should be optimally prepared for emergency dispatch and response by police, fire and paramedics given the seismic activity and risk in the region; and,

WHEREAS, the additional office space at 2789 - 25th Street could be used in a cost beneficial manner to relocate Department of Public Health or other appropriate City agency programs and would, thereby, avoid rental costs at other properties; and,

WHEREAS, the City has the ability to finance the purchase of 2789 - 25th Street with Certificates of Participation paying an annual amount less than current lease rates; now, therefore, be it

RESOLVED, that the San Francisco Health Commission supports the purchase of 2789 - 25th Street as being in the best interest of public safety and a prudent capital investment, and urges that the Capital Improvements Advisory Committee, the Board of Supervisors and the Mayor, approve use of Certificates of Participation as a funding mechanism to purchase this important property.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 4 , 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 1 of 1

Role of the San Francisco Department of Public Health In the Implementation of Proposition 215

In November of 1996, the citizens of California approved the passage of Proposition 215, known as the Compassionate Use Act of 1996, or the Medical Marijuana Initiative. This initiative has been added to the California Health and Safety Code (11362.6). It calls for the compassionate use of marijuana for medicinal purposes with the recommendation of it by a physician (Attachment #1).

The Department of Public Health (DPH) supports the responsible implementation of Proposition 215. We believe that DPH can best facilitate its implementation by:

1) Collaborating with the San Francisco Medical Society and other professional associations to provide educational forums for physicians regarding the research findings on the medical benefits, drug interactions, and side effects of marijuana in treating various health conditions. These forums will be augmented with articles in medical publications, DPH grand rounds, and information packets available for physicians and patients.

   Although Proposition 215 protects physicians from State sanctions, nothing in the legislation protects physicians from federal sanctions for recommending medicinal marijuana. In fact, various Federal officials have stated that physicians who recommend marijuana to their patients could face loss of their drug enforcement agency (DEA) certification for prescribing a controlled substance and/or loss of federal reimbursement (e.g., Medicare, Medicaid) for their services. While DPH cannot prevent such actions, we will provide technical assistance to physicians, institutions and marijuana distribution centers on methods to minimize individual professional risk and maximize strict adherence to state law.

2) Supporting the development of regulations to govern the responsible and accountable operation of marijuana distribution centers. The District Attorney's office is taking the lead in compiling a standard set of approved operating procedures for marijuana distribution centers/sites. The Department of Public Health has provided advice and support in reviewing the procedures and guidelines (Attachment #2). The Department of Public Health has developed uniform forms for patient declaration and release of information (Attachment #3), documentation of written physician/health care provider recommendation (Attachment #4), oral physician/health care provider recommendation with verification (Attachment #5), and caregiver designation (Attachment #6). The Department of Public Health will conduct monitorings of programs to ensure compliance with guidelines that are developed, with initial monitorings primarily focused on patient intake and eligibility.

   It is also expected that San Francisco-based cannabis distribution centers also will comply with all appropriate local and/or state regulations, to protect the public's health and welfare. These regulations, permits, and standards will be enforced by the appropriate designated agency (for example, fire codes by the Fire Department).

3) Supporting the need for additional research on the medical benefits of marijuana. DPH feels strongly that such research should have appropriate safeguards to ensure the confidentiality of patients and be consistent with human studies regulations and principles. DPH can lend technical assistance in developing research methods and designs, but will not participate in research protocol which do not meet these minimum criteria.

4) Not undertaking quality assurance testing of marijuana because of a lack of expertise and infrastructure. However, DPH will take a role in compiling methods currently in use by centers to facilitate the sharing of expertise and resources.

5) Supporting physicians within the Department of Public Health who determine within the doctor-patient relationship that the recommendation of medicinal marijuana is appropriate. The Department of Public Health likewise will leave the decision of appropriateness to the individual practitioner, with no coercive actions or sanctions against those who do or do not wish to recommend medicinal marijuana.

Attachment D

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 4-97

DEFINING THE DEPARTMENT OF PUBLIC HEALTH'S ROLE IN THE IMPLEMENTATION OF PROPOSITION 215

WHEREAS, the citizens of California approved the passage of Proposition 215, known as the Compassionate Use Act of 1996, or the Medical Marijuana Initiative; and,

WHEREAS, the Department of Public Health supports the responsible implementation of Proposition 215; and,

WHEREAS, the Department of Public Health supports the responsible and accountable operation of marijuana distribution centers; and,

WHEREAS, the Department of Public Health has been working with the District Attorney's Office to compile a standard set of approved operating procedures for marijuana distribution centers/sites; and,

WHEREAS, the Department of Public Health supports the need for additional research on the medical benefits of marijuana; now, therefore, be it

RESOLVED, that the Department of Public Health will facilitate responsible implementation by collaborating with the San Francisco Medical Society and other professional associations to provide educational forums for physicians regarding the research findings on the medical benefits, drug interactions, and side effects of marijuana, in treating various health conditions; and, be it

FURTHER RESOLVED, that the Department of Public Health will conduct monitorings of programs to ensure compliance with developed guidelines focusing initially on patient intake eligibility; and, be it

FURTHER RESOLVED, that the Department of Public Health will take a role in compiling methods of quality assurance testing currently in use by centers to facilitate the sharing of expertise and resources, but will not undertake quality assurance testing of marijuana within the Department of Public Health because of lack of expertise and infrastructure; and, be it

FURTHER RESOLVED, that the Department of Public Health will study the feasibility of developing a policy detailing when a recommendation of medical marijuana for a patient may be considered by a Department of Public Health physician; and, be it

FURTHER RESOLVED, that the Department of Public Health will encourage the Board of Supervisors to defend a Department of Public Health physician who recommends medical marijuana in a Federal administrative or criminal proceeding arising out of that recommendation if the physician, in good faith and using reasonable clinical judgment, recommended the use of marijuana for medicinal purposes to his/her patient(s), and, be it

FURTHER RESOLVED, that the San Francisco Health Commission supports the Department's defined role in the implementation of Proposition 215.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 4 , 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

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/18/97

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

February 18, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

NOTE: NO BUDGET COMMITTEE MEETING TODAY.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF FEBRUARY 4, 1997**

3) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

4) **CONSIDERATION OF A SUPPLEMENTAL APPROPRIATION IN THE AMOUNT OF $16,292,960 FOR SAN FRANCISCO GENERAL HOSPITAL IN FY 1996-97**

5) **CONSIDERATION OF A RESOLUTION SUPPORTING THE USE OF A DOMESTIC VIOLENCE PROTOCOL FOR ROUTINE SCREENING OF ALL WOMEN AND ADOLESCENT GIRLS IN ALL HEALTH CARE SETTINGS**

6) **PRESENTATION OF A STATUS REPORT ON THE DEPARTMENT OF PUBLIC HEALTH'S ORGANIZATIONAL RESTRUCTURING ACTIVITIES**

7) **CONSIDERATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET AND NEW PROGRAM INITIATIVES FOR FY 1997-98**

   A. **CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S REQUEST FOR INCREASED FUNDING TO MAINTAIN EXISTING SERVICES AND TO AUGMENT DRUG TREATMENT AND PREVENTION SERVICES FOR RESIDENTS OF SAN FRANCISCO (TREATMENT ON DEMAND)**

B. **CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF HEALTH'S REQUEST FOR ADDITIONAL FUNDING FOR ENHANCEMENT OF IMMUNIZATIONS FOR CHILDREN AND ADULTS**

C. **CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED REALLOCATION OF FUNDS AND REQUEST FOR INCREASE IN TOTAL BUDGET FOR AIDS CARE FOR FY 1997-98**

D. **CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S REQUEST FOR ADDITIONAL FUNDING TO AUGMENT SERVICES TO THOSE WITH UNMET MENTAL HEALTH NEEDS, TO DEVELOP AN INFRASTRUCTURE TO SUPPORT THE IMPLEMENTATION OF MENTAL HEALTH MANAGED CARE, AND TO INCREASE MEDICATION SERVICES TO SEVERELY MENTALLY ILL CLIENTS**

8) **DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:**

A. Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11.

1) Conference with Legal Counsel: Consideration of a proposed settlement of the litigation of Marvin Woodside v. San Francisco General Hospital, Superior Court #978-454, in the amount of $32,500.

2) Conference with Legal Counsel: Consideration of a settlement of litigation in the City and County of San Francisco v. General Engineering and Machine Works by accepting payment of $75,000, Superior Court Case #972391, from a construction project at Laguna Honda Hospital.

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose action taken or discussions held in closed session.

Motion: The Health Commission finds that it is in the best interest of the public (not) to disclose its closed session deliberation.

9) **5:00 p.m. TIME SPECIFIC: JOINT MEETING OF THE HEALTH COMMISSION AND FIRE COMMISSION**

CONSIDERATION OF A JOINT RESOLUTION APPROVING AMENDMENTS TO PHASE II OF THE EMERGENCY MEDICAL SERVICES CONFIGURATION PLAN, APPROVING THE

TRANSFER OF THE PARAMEDIC FUNCTION FROM THE DEPARTMENT OF PUBLIC HEALTH TO THE FIRE DEPARTMENT, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO PROVIDE THE NECESSARY APPROVALS AND TO TAKE ALL ACTIONS NECESSARY TO IMPLEMENT THE TRANSFER

10) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Sandra R. Hernández, M.D.
Director of Health

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Executive Secretary

TEL: (415) 554-2666

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18/97

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, February 18, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

A special Certificate of Appreciation and flowers from the Commission and the Department were presented to Chief Microbiologist Betty Gee. Ms. Gee has been with the Department for 32 years and will be leaving to work with the San Francisco Water Department.

2) APPROVAL OF MINUTES OF THE MEETING OF FEBRUARY 4, 1997

Action Taken: The Commission unanimously adopted the minutes of February 4, 1997.

3) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

MEDI-CAL MANAGED CARE

A coalition of advocacy groups including Health Access, Latino Issues Forum, and Community Health Councils and Families USA will convene a statewide advocates' summit on the Medi-Cal managed care Two-Plan Model this Friday in Sacramento. This event will be the kick-off to the Medi-Cal Community Assistance Project sponsored by the four agencies. The summit is designed to: (1) assess beneficiary experiences with Medi-Cal managed care, (2) identify key implementation issues at State and county levels and (3) mobilize regional and statewide efforts to improve beneficiary transition into managed care.

The meeting will include status reports on all 12 counties. Officials from the State Department of Health Services are expected to attend. In the spring, the Medi-Cal Community Assistance Project will hold forums in all 12 counties to focus on local issues of concern to Medi-Cal beneficiaries.

FEDERAL BUDGET

On February 6, 1997, President Clinton released his Fiscal Year 1998 budget. The budget for the Department of Health and Human Services (HHS) totals $376 billion in expenditures (a $25 billion increase, or 7%, over Fiscal Year 1997).

Medicare

The President's Medicare plan reduces projected spending by a net $100 billion over five years, and is projected to extend solvency of the Part A Hospital Insurance Trust Fund until 2007. Savings are projected in several areas, including:

- Extend the current Part B premiums (paid by beneficiaries) at 25% of costs resulting in savings of $10 billion;
- Reduction in the annual inflation increase for hospitals, reforms in graduate medical education, implementation of prospective payment for outpatient and reductions in hospital capital payments are projected to save $33 billion;
- Reductions in reimbursements to managed care plans by an estimated $34 billion;
- New prospective payment in home health (fastest growing segment of Medicare) is expected to save $14 billion;
- Establishment of 'sustained growth rates' for physicians will save $7 billion and
- Establishment of a prospective payment system for skilled nursing facilities, projected to save approximately $7 billion over five years.

Medicaid

The President is proposing Medicaid legislation which would achieve a net savings of $9 billion over five years. This figure is the net of $22 billion in Medicaid savings from a combination of policies designed to impose per capita caps on spending and reduce disproportionate share payments and $13 billion in new or enhanced program initiatives (including those related to welfare reform).

The President's budget also includes "reforms" designed to give States more flexibility in managing their Medicaid programs. Some of these reforms, if enacted will result in a significant decrease in DPH's Medicaid reimbursement. The reforms include:

- Repeal of the "Boren Amendment," which would eliminate Federal provider payment requirements for hospitals and nursing homes;

- Plan to allow State to mandate managed care enrollment for beneficiaries without seeking a federal waiver; and

- Allowing States to establish an income-related premium for health care coverage of working persons with disabilities.

Health Insurance Initiatives

On a positive note, the President's budget includes several initiatives designed to decrease the number of uninsured -- although the initiatives are incremental in nature. The initiatives total roughly $3.4 billion include the following:

- $25 million in technical assistance grants to States establishing voluntary health insurance purchasing cooperatives (pursuant to the Health Insurance Portability and Accountability Act of 1996);

- $750 million for States to support private insurance initiatives that insure children who are currently ineligible for Medicaid or employer sponsored benefits;

- $1.7 billion for the "Healthy Working Families" program, to help States finance up to six months of health insurance coverage for an estimated 3.3 million unemployed workers and their families; and

- The "Healthy Kids" initiative in order to reduce the number of uninsured children by half by the end of fiscal year 2000. This will be accomplished by the following measures: (1) adding an estimated 1 million adolescents living below the federal poverty level to Medicaid over the next four years, (2) expand efforts to eligibilize three million children who are currently entitled to Medicaid but who are not enrolled and (3) granting funds to states that extend coverage to children for one year after eligibility has been terminated. The last proposal is estimated to cost $900 million in fiscal year 1998.

HIV/AIDS

The President proposes minimal increases in HIV/AIDS spending. While the budget includes a $40 million increase in Ryan White funds, it is anticipated that the majority of these funds will go to new Title I cities. There is no specific increase for the AIDS Drug Assistance Program as in previous years. A 2.6% increase ($40 million) - less than the inflation rate - in NIH research funding is proposed. The budget increases CDC funding for HIV prevention by $20 million from Fiscal Year 1997, for activities specifically targeted toward injection drug users.

Other CDC Programs and Initiatives

- $59 million (a $15 million increase from Fiscal Year 1997) to address and prevent emerging infectious disease.

- $5 million increase for prevention and control of STDs; the increase is targeted to build capacity in responding to the increasing rate of chlamydia infection.

- $10 million increase for States' rape prevention efforts.

- $2.3 million increase for the National Breast and Cervical Cancer Early Detection Program

Selected New Initiatives and Budget Information for Existing Programs

- $34 million to implement the new FDA tobacco regulation aimed at reducing access and appeal for youth.

- Youth Substance Abuse Prevention Initiative includes $38 million increased SAMHSA funding for public education, state incentive grants, and expansion of the National Household Survey on Drug Abuse and $30 million additional NIH funds.

- Pursuant to the 1996 welfare reform law, $50 million in increased HRSA funding for State abstinence education activities.

- Level funding for most Center for Mental Health Services programs, including $275 million for Mental Health Block Grant and $70 million for Children's Mental Health services.

ADMINISTRATION

Commission on the Status of Women/San Francisco Women Against Rape

As you recall, last year the Department spearheaded a planning effort with representatives from DPH and community providers to study San Francisco's adult sexual assault service system. The study focused on recommendations aimed at decreasing service fragmentation and improving advocacy and accompaniment services.

As a result of the study, DPH transferred funds in the FY 1996-97 budget to COSW to establish a model city-wide response to sexual assault. I met with the Director of the Commission on the Status of Women (COSW) to review the status of the adult sexual assault contract and partnership between the Department of Public Health Rape Treatment Center (RTC) and San Francisco Women Against Rape (SFWAR).

A single crisis line, staffed by SFWAR, now centralizes and triages crisis calls. The advocacy and accompaniment project has just begun and details of collaboration between DPH clinical and SFWAR advocates are being negotiated.

COSW reports that, "as a result of funding through the agreement between DPH and COSW, SFWAR is now able to leverage additional funds, expand the level of direct services and enhance prevention, education and training programs with federal and state moneys. The model created by the collaboration of San Francisco departments and community based organizations has been received with enthusiasm by other counties and service providers throughout the State."

SAN FRANCISCO GENERAL HOSPITAL

February 16 Examiner Article

This past Sunday there was an article in the Examiner related to a client who took her life a day and a half after being evaluated and treated at the Psychiatric Emergency Services at San Francisco General Hospital. As is normal practice for any critical incident related to the care of patients seen in our system, extensive reviews of the case were held through the Quality Improvement and Peer Review processes. The Division of Mental Health also reviewed the case and the interactions the client had with the Mobile Crisis Team. The Department of Psychiatry at SFGH conducted an internal review of the care delivered in PES and included staff from the Mobile Crisis Team as participants in the review process. As is the procedure, the SFGH review was presented to the Risk Management Committee, the Medical Executive Committee and the Health Commission's Joint Conference Committee. Findings of the reviews were discussed with the Joint Conference Committee members. An action plan was presented to the JCC and a process was outlined for reporting the actions.

The content of the article raised several questions which warrant specific clarification. The first was whether the decision to discharge the client was influenced by overcrowding in PES. Staff who participated in the review process indicate that the client was released following a reassessment by the attending psychiatrist , who found the patient no longer met 5150 criteria. The patient wanted to leave, did not express suicidality, had a plan to stay with a friend and was given a referral for follow up care. Neither the census in PES, nor the financial class of the patient had anything to do with the decision to discharge.

The second question related to the review of the medical record by an independent reviewer in the community. The hospital did not release the medical record to either the media or the community psychiatrist. The mother of the client had a copy of the record and it is possible that she released the information to the media, who subsequently had an independent review of the record done.

New Signage on Campus

For the first time since 1974, the Main Hospital now has illuminated signs at all the major entrances to the building. During the last two weeks of January 1997, eight signs were installed at the major entrances to the hospital, and the Medical Center's name has been added at the second floor, facing Potrero Avenue.

In the past, members of the public often got lost looking for buildings, or walked unnecessarily looking for the Outpatient Department or Emergency Department entrances. This first phase of signs will eliminate some of those problems, and future phases will create a clear, organized environment for SFGH patients and visitors.

New Director of Volunteers is Named

SFGH would like to take this opportunity to announce the appointment of Renee Cibulka as the new Executive Director of SFGH Volunteer Programs. Ms. Cibulka first volunteered at the hospital and was assigned to the Emergency Department where she assumed the role of Coordinator for that department's volunteer program. Kim Dunster, the former Director resigned to take a position in Southern California.

COMMUNITY HEALTH NETWORK

Appointments of CHN Chief Information Officer and Primary Care Administrator

The CHN leadership selected Robert V. Brody, M.D. to serve in a newly created position of Chief Information Officer for the Community Health Network. Dr. Brody has been actively involved in the development of clinical information systems, including the Lifetime Clinical Record, for DPH. One of Dr. Brody's first tasks will be to develop a phased implementation plan for integrating the information systems of the CHN.

Jan Murphy was appointed to the newly created position of Primary Care Administrator for the Community Health Network. Ms. Murphy has a long career with DPH beginning as a health educator in 1982 and for the past four years as Director of the Castro-Mission Health Center. One of her immediate tasks will be to initiate the process for developing a phased integration/implementation plan for the CHN primary care network.

I am sure you join me in congratulating both Bob and Jan and wishing them well in their new positions.

COMMUNITY PUBLIC HEALTH SERVICES

Health Centers

In a recent election conducted in the Bayview/Hunters Point neighborhood to determine representation on the Redevelopment Agency-sponsored Bayview/Hunters Point Survey Area, the highest vote total for any individual or organization went to Southeast Health Center. Since the Bayview/Hunters Point Survey Area will have a substantial role in the future development of Bayview/Hunters Point, it is heartening to see the confidence the community places in our health center to participate in that process. Congratulations are in order for Cynthia Selmar, who has demonstrated once again that the principle of Community Oriented Primary Care means working with communities to improve their overall health and well-being in addition to being a provider of health services to individual community members.

DIVISION OF MENTAL HEALTH

Associate Director, System of Care

I am happy to announce that the Division hired Collins Munns as the new Associate Director for System of Care. Mr. Munns, a Social Worker, graduated from Case Western Reserve. He is active in the Association of Black Social Workers. Mr. Munns comes to the Department from San Diego where he served as the County's Assistant Director of Mental Health. I am sure you join me in welcoming Mr. Munns to the Department.

LAGUNA HONDA HOSPITAL

Department of Health Services Survey

The California Department of Health Services arrived for the annual unannounced survey of Laguna Honda Hospital on February 4th. The survey is expected to conclude today in an exit interview.

EMERGENCY MEDICAL SERVICES

Employee Disaster Training (EDT)

The Department began its pilot Employee Disaster Training program last month. This course is designed to provide employees with the basic knowledge and skills to promote survival following a major disaster and ensure continuance of critical services. The intent of the class is to provide all DPH employees with a general orientation to DPH disaster strategies, and to promote home and work preparedness. This program clarifies the DPH Disaster Service Worker role.

Congratulations to Amena Panni, Robert Navarro, Eryn Kalish and Jorge Palafox for their excellent work and dedication in designing this program.

EPIDEMIOLOGY, AND DISEASE CONTROL

Chief Microbiologist Moving to Water Department

Betty Gee, Chief Microbiologist, will be leaving the Department to accept a newly created position as Chief Microbiologist with the SF Water Department. Betty leaves the Department after 30 years of experience. She was responsible for starting the milk and dairy products testing section and was instrumental in establishing the lab's virus section in 1975 and, during the 1980's, became involved in the new service demands created as a result of the HIV outbreak. Two years ago, she helped the

Department set up the DNA amplification tests. We thank Betty for her many years of service and wish her continued success in her new position.

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

Tom Waddell Clinic Indoor Air Quality Complaint Response

Occupational Safety and Health (OSH) Program staff responded to an indoor air quality complaint received by staff in the Tom Waddell Clinic. Clinic staff reported a pervasive sour or pine-like odor. Fortunately, the odor source was quickly identified as wet wood from a ventilation system repair. While the odor was unpleasant, it was determined not to pose a health hazard. Two employees were evaluated by SF Occupational Health Services (SFOHS) for their symptoms as a result of this episode, OSH Program interface with SFOHS resulted in immediate return to work for these employees and avoided unnecessary leave and workers' compensation costs.

San Francisco General Hospital
Credential Report - January 1997

	Appointments		Reappointments	
	Medical Staff	Affiliate Staff	Medical Staff	Affiliate Staff
Active	2		15	
Courtesy	9		22	
Associate	0		0	
Totals:	11	0	38	2
Resignations	12	3		
Applications	164			

January 1997 statistics are available in the Commission Office.

4) CONSIDERATION OF A SUPPLEMENTAL APPROPRIATION IN THE AMOUNT OF $16,292,960 FOR SAN FRANCISCO GENERAL HOSPITAL IN FY 1996-97

Monique Zmuda, Chief Finance Officer, provided the following information:

This supplemental appropriation totaling $16,292,960 for FY 1996-97 would add additional patient revenue from the increased inpatient and pharmaceutical volumes and other newly identified unbudgeted revenues in order to support increases in expenditures at San Francisco General Hospital. This supplemental appropriation has no request for General Fund.

The increase in revenue will fund the labor spending required by the increased patient and service volume, fund the increased cost of pharmaceuticals, fund the cost of viral load testing for AIDS patients, increase the appropriation to the fringe benefit account to cover the current level of spending, and increase the appropriation to workers' compensation to reflect the current year projection.

In addition, this request would adjust the Division of Mental Health revenues and expenditures to increase realignment revenues by $800,000, and to adjust the revenue transfer between the Division of Mental Health and San Francisco General Hospital. This adjustment will allow Mental Health to pay the increased cost of providing out of county locked skilled nursing care to mental health patients who have not yet been phased into the Mental Health Rehabilitation Facility at SFDGH.

Commissioner Guy encouraged the Department to have permanent staffing reflect the continuing high census.

Commissioner Barnes expressed concern that the revenue increases appear to be optimistic and that the Department should project revenues cautiously.

Action Taken: The Commission (Chow, Barnes, Guy, Parker, Sanchez) approved the supplemental appropriation of $16,292,960 for SFGH in FY 1996-97. (Commissioner Monfredini was not present for this item).

5) CONSIDERATION OF A RESOLUTION SUPPORTING THE USE OF A DOMESTIC VIOLENCE PROTOCOL FOR ROUTINE SCREENING OF ALL WOMEN AND ADOLESCENT GIRLS IN ALL HEALTH CARE SETTINGS

The following Department staff presented an overview of efforts in meeting the State legislative mandate for domestic violence protocols and guidelines for screening:

Kate Monico-Klein, DPH Women's Services Coordinator
Sue Martin, Family Violence Prevention Fund and Co-Chair of
the Health Committee of the S.F. Family Violence Council
Dr. Beth Kaplan, Emergency Department, SFGH
Dr. Leigh Kimberg, Maxine Hall Health Center

A copy of the S.F. Domestic Violence Protocol is available in the Commission Office.

Public Speaker: Nathan Nayman, Hospital Council

Commissioner Guy commented that child abuse and elder abuse should be included in the definition of family violence.

Action Taken: The Commission unanimously adopted Resolution #5-97, "Endorsing the Policy of Routine Domestic Violence Screening of All Women and Girls in all Healthcare Settings and Encouraging All Healthcare Professionals to Develop, Adopt, and Implement Routine Domestic Violence Screening Protocols in All Healthcare Settings, Both Public and Private," (Attachment A).

6) PRESENTATION OF A STATUS REPORT ON THE DEPARTMENT OF PUBLIC HEALTH'S ORGANIZATIONAL RESTRUCTURING ACTIVITIES

Tangerine Brigham, Director of Policy and Planning, gave a status report on the Department's restructuring efforts.

A copy of the status report is available at the Commission Office.

Ms. Brigham reported that in October 1996, the Department presented a new organizational structure that would create two Divisions within the Department of Public Health. The first Division, Public Health, focuses on community-based, population based health care services. Public Health is organized around three functional areas: (1) brokerage, evaluations and monitoring of community health services, (2) health and safety, and (3) community health promotion and prevention. The second division, the Integrated Delivery System (our Community Health Network), is our comprehensive continuum of personal health care services. As in the current organizational structure, there is a set of administrative functions which are needed in Central Administration to assist the Department overall and the office of the Director of Health.

Since coming to the Health Commission in October 1996, management teams have been operating in both Divisions. The management reams have been developing implementation plans, addressing the interrelationship between the divisions and identifying key policy issues. For each of the Divisions, principles, an implementation plan, guidelines for implementation, and policy issues have been developed.

Ms. Brigham reported that Central Administration has identified implementation issues in the areas of facility operations, finance, human resources, management information systems, and planning.

Bob Prentice, Ph.D., Public Health Division, reviewed the following areas of implementation for this Division:

- Creation of Public Health management teams to carry out the responsibilities of the new Public Health Division and to initiate strategic planning activities to further define our goals/objectives and our organizational structure.

- Development of a financial and operational infrastructure to support program objectives.

- Development of a planning capacity to inform public health activities.

- Development of a management structure to integrate programs and services within the Public Health Division.

- Development of joint planning capability with the Community Health Network and Central Administration to avoid duplication of functions and promote collaboration.

Dr. Prentice also pointed out the following policy issues in the Public Health Division:

- In the new "brokerage" relationship between Public Health and the Community Health Network, the intent is to have the delivery system better reflect public health priorities in populations served and services provided. To the extent that this results in a shift in focus for the Community Health Network, it will become a policy issue during subsequent budget development.

- The Public Health brokerage model is consistent with the Blue Ribbon Committee planning process resulting from the Mayor's Health Summit. The definition of appropriate roles in what is a Public Health brokerage responsibility and what is a citywide brokerage function for the purpose of supporting the principle of universal coverage will become a policy issue.

- Planning for substance abuse treatment on demand will be conducted out of Public Health. Given both the direct and indirect impact that substance abuse has on the health and well being of the community, the conduct and results of that planning will be a high profile policy issue.

- The community has come to expect, and in some instances Federal and State regulations require, that the Department of Public Health identify leadership in Mental Health, Substance Abuse, AIDS, Maternal/Child, Adolescent Health, etc. While the restructuring was designed to afford the greatest opportunity to integrate services, there must still be an accountability for coherent continuum of care in specific program areas. As Public Health restructuring continues, it will become a policy issue to ensure that accountability and planning for specific program areas are maintained.

- The restructuring process created a new Community Health Promotion and Prevention Unit within Public Health to establish an organizational base from which primary prevention activities can be organized within the Department. The extent to which the Department makes community prevention a priority will become a policy issue.

Richard Cordova, Integrated Delivery System (Community Health Network) Division, reported the following strategic, implementation, and policy issues for the Community Health Network:

- Development of Community Health Network Organizational Leadership.
- Relationship with the Division of Public Health.
- Patient Care and the Continuum.
- Administrative Support: MIS, Office of Managed Care, Office of Planning, Quality Management Services, and Finance.
- Medical and Nursing Organization.
- Relationships between the three Divisions (Central Administration, Public Health, Community Health Network).

7) CONSIDERATION OF THE PROPOSED DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET AND NEW PROGRAM INITIATIVES FOR FY 1997-98

Monique Zmuda, Chief Finance Officer, presented a prioritized list of the Department's budget request for FY 1997-98. She pointed out that the baseline budget will require an additional $7.8 million in General Funds and new requests which will require an additional $14.7 million in General Funds.

Ms. Zmuda reported that given the fiscal constraints on the budget citywide, the Department's Executive Budget Committee has prioritized the list of new requests, identifying as high priorities a set of programs which will require $9.5 million in additional General Funds. The priorities reflect the Department's commitment to augment HIV/AIDS services, increase substance abuse treatment services, enhanced immunization, and implementation of Mental Health managed care. If the base budget requests and the highest priority initiatives are approved, the Department of Public Health's budget of $700 million would be increased to $740.6 million. This increase reflect a General Fund increase of $17.3 million, from $136.3 to $153.6 million. Per instructions from the Mayor's Office, this budget does not include any adjustments which may be required once the State budget and Welfare

Reform are adopted, or any increase which may be negotiated to the compensation package provided to our DPH workforce.

A copy of the prioritized list is available in the Commission Office.

Vice President Monfredini, Chair of the Budget Committee, expressed her appreciation for the prioritized list, which she had requested.

Action Taken: The Commission unanimously approved the Department of Public Health Baseline Budget and Prioritized New Program Initiatives for FY 1997-98.

A. CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S REQUEST FOR INCREASED FUNDING TO MAINTAIN EXISTING SERVICES AND TO AUGMENT DRUG TREATMENT AND PREVENTION SERVICES FOR RESIDENTS OF SAN FRANCISCO (TREATMENT ON DEMAND)

Action Taken: The Commission unanimously adopted Resolution #6-97, "Supporting the Department of Public Health's Request for Increased Funding to Maintain Existing Services and to Augment Drug Treatment and Prevention Services for Residents of San Francisco (Treatment on Demand)," (Attachment B).

B. CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF HEALTH'S REQUEST FOR ADDITIONAL FUNDING FOR ENHANCEMENT OF IMMUNIZATIONS FOR CHILDREN AND ADULTS

Action Taken: The Commission unanimously adopted Resolution #7-97, "Supporting the Department of Public Health's Request for Additional Funding for Enhancement of Immunizations for Children and Adults," (Attachment C).

C. CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED REALLOCATION OF FUNDS AND REQUEST FOR INCREASE IN TOTAL BUDGET FOR AIDS CARE FOR FY 1997-98

Action Taken: The Commission unanimously adopted Resolution #8-97, "Supporting the Department of Public Health's Proposed Reallocation of Funds and Request for Increase in Total Budget for AIDS Care for FY 1997-98," (Attachment D).

D. CONSIDERATION OF A RESOLUTION SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S REQUEST FOR ADDITIONAL FUNDING TO AUGMENT SERVICES TO THOSE WITH UNMET MENTAL HEALTH NEEDS, TO DEVELOP AN INFRASTRUCTURE TO SUPPORT THE IMPLEMENTATION OF MENTAL HEALTH MANAGED CARE, AND TO INCREASE MEDICATION SERVICES TO SEVERELY MENTALLY ILL CLIENTS

Action Taken: The Commission unanimously adopted Resolution #9-97, "Supporting the Department of Public Health's Request to Further the Implementation of Managed Care, and to Increase Medication Services to Severely Mentally Ill Clients," (Attachment E).

8) **DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:**

Action Taken: The Commission unanimously voted to conduct a closed session on the two items.

A. Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11.

1) Conference with Legal Counsel: Consideration of a proposed settlement of the litigation of Marvin Woodside v. San Francisco General Hospital, Superior Court #978-454, in the amount of $32,500.

Action Taken: The Commission unanimously approved the settlement of $32,500 for Woodside vs. San Francisco General Hospital, Superior Court #978-454.

2) Conference with Legal Counsel: Consideration of a settlement of litigation in the City and County of San Francisco v. General Engineering and Machine Works by accepting payment of $75,000, Superior Court Case #972391, from a construction project at Laguna Honda Hospital.

Action Taken: The Commission unanimously approved accepting payment of $75,000, Superior Court Case #972391.

Action Taken: The Commission finds that it is in the best interest of the public not to disclose its closed session deliberation.

9) **5:00 p.m. TIME SPECIFIC: JOINT MEETING OF THE HEALTH COMMISSION AND FIRE COMMISSION**

CONSIDERATION OF A JOINT RESOLUTION APPROVING AMENDMENTS TO PHASE II OF THE EMERGENCY MEDICAL SERVICES CONFIGURATION PLAN, APPROVING THE TRANSFER OF THE PARAMEDIC FUNCTION FROM THE DEPARTMENT OF PUBLIC HEALTH TO THE FIRE DEPARTMENT, AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO PROVIDE THE NECESSARY APPROVALS AND TO TAKE ALL ACTIONS NECESSARY TO IMPLEMENT THE TRANSFER

Dr. Mitch Katz, Convenor of the Emergency Medical Services Steering Committee, gave an update, including amendments to Phase II of the Emergency Medical Services Configuration Plan, (Attachment F).

Public Speakers:

Jonathan Frank, SF City Medics Negotiating Team
James Green, Paramedic Division
Chris Madsen, Paramedic
Jon Meade, Dept. of Public Health
Colleen Donzelli, Paramedic
Cari Pouchnk, Paramedic
Thomas Rohan, DPH Paramedic Division
Larry Bradshaw, DPH Paramedic
James M. Ahern, Local 798, SF Firefighters

Fire Commissioner Hadley Roff emphasized the goal of better service to the public.

Health Commission President Edward A. Chow, M.D., pointed out that the Health and Fire Departments will be jointly responsible for a better system of emergency medical services for the City residents and visitors.

Dr. Hernández stated there will be sufficient information to the Paramedics to make an informed decision about their career path.

Action Taken: The Health Commission (Chow, Monfredini, Barnes, Guy, Parker, Sanchez) and Fire Commission (Roff, Soulis, Roeca) adopted Resolution #10-97 (Fire Commission #97-02), "Approving Amendments to Phase II of the Emergency Medical Services Configuration Plan, Approving the Transfer of the Paramedic Function from the Department of Public Health to the Fire Department, Urging the Mayor and the Board of Supervisors to Provide the Necessary Approvals and to Take All Actions Necessary to Implement the Transfer, and Authorizing the Director of Public Health and Fire Chief to Take All Actions Necessary to Implement the Transfer," (Attachment G).

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (7)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 5-97

ENDORSING THE POLICY OF ROUTINE DOMESTIC VIOLENCE SCREENING OF ALL WOMEN AND GIRLS IN ALL HEALTHCARE SETTINGS AND ENCOURAGING ALL HEALTHCARE PROFESSIONALS TO DEVELOP, ADOPT, AND IMPLEMENT ROUTINE DOMESTIC VIOLENCE SCREENING PROTOCOLS IN ALL HEALTHCARE SETTINGS, BOTH PUBLIC AND PRIVATE

WHEREAS, domestic violence is increasingly recognized as a major public health concern in the United States; and,

WHEREAS, healthcare providers have a unique opportunity and responsibility to intervene in cases of domestic violence because they are often the first and sometimes the only professionals to whom an abused person will turn for help; and,

WHEREAS, screening and responses to domestic violence differ from traditional responses to violence; and,

WHEREAS, since January 1992, the Joint Commission on Accreditation of Healthcare Organizations has required that all accredited hospitals implement policies and procedures in their emergency departments and ambulatory care facilities for identifying, treating and referring victims of abuse, as well as domestic violence educational programs for hospital staff; and,

WHEREAS, California State law requires that all licensed clinics adopt written policies and procedures to screen patients to detect partner abuse; and,

WHEREAS, training for healthcare providers and educators has proven to be very effective in improving the quality of care given to domestic violence patients; and,

WHEREAS, the Health Care Subcommittee of San Francisco's Family Violence Council has developed a *San Francisco Domestic Violence Protocol* for use in all healthcare settings in San Francisco to provide guidelines for healthcare professionals for responding to domestic violence, to improve the quality of care given in San Francisco to domestic violence patients and to assist health care professionals to comply with existing laws and standards; and,

WHEREAS, the *San Francisco Domestic Violence Protocol* outlines the elements of an effective response and has been developed by an interdisciplinary committee of healthcare and domestic violence professionals, including physicians, nurses, medical social workers, administrators, health educators and domestic violence prevention advocates; and, WHEREAS, the model for the *San Francisco Domestic Violence Protocol* has been pilot-tested by twelve hospitals throughout the country, including the Emergency Department-San Francisco General Hospital, ten health centers and clinics administered by the Department of Public Health and the Community Clinic Consortium and the Family Violence Prevention Fund and has proven effective in improving healthcare responses to battered patients; and,

WHEREAS, the *San Francisco Domestic Violence Protocol* includes routine screening of all women and adolescent girls for past and current abuse, the training of health care personnel and the availability of training materials; and,

WHEREAS, the San Francisco Police Department, the San Francisco Domestic Violence Consortium and the San Francisco Medical Society have reviewed and provided input on the *San Francisco Domestic Violence Protocol*; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco hereby endorses the policy of routine domestic violence screening of women and girls in all health care settings, both public and private; and, be it

FURTHER RESOLVED, that the Health Commission directs the Department of Public Health to develop, adopt and implement protocols for routine domestic violence screening; and, be it

FURTHER RESOLVED, that the Health Commission urges other public and private providers to adopt routine domestic violence screening protocols, such as those contained in the *San Francisco Domestic Violence Protocol* promulgated by the Family Violence Council.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 18 , 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-97

SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S REQUEST FOR INCREASED FUNDING TO MAINTAIN EXISTING SERVICES AND TO AUGMENT DRUG TREATMENT AND PREVENTION SERVICES FOR RESIDENTS OF SAN FRANCISCO (TREATMENT OF DEMAND)

WHEREAS, the current level of substance abuse treatment services offered through the Department of Health is insufficient to meet the need for such services requiring San Francisco residents who seek substance abuse treatment to wait weeks/months for appropriate treatment; and,

WHEREAS, the Department has found that substance abuse among adults and adolescents is related to increases in arrests, domestic violence, use of emergency room services, suicide attempts, serious injuries, overdose death, HIV infection, and homelessness; and,

WHEREAS, the Department has documented that perinatal exposures to illicit substances leads to increased risk and illness among infants, and the excessive use of foster care; and,

WHEREAS, the Department has identified increase use and abuse of drugs among San Francisco middle and high school students; and,

WHEREAS, the Department has calculated that the total municipal and private costs of untreated substance abuse is estimated at $1.6 billion in San Francisco annually; and,

WHEREAS, the Department has requested the annualization of a treatment expansion program in the Department's base budget request for FY 1997-98; and,

WHEREAS, the Department has requested an augmentation of funds to replace lost federal and state grants and revenues, and to further augment treatment services to meet the need; and,

WHEREAS, the Department has implemented a planning process to evaluate the prevention and treatment needs and resources available in the community in order to fully develop treatment capacity; now, therefore, be it

RESOLVED, that the Health Commission supports the policy of maintaining funding for existing substance abuse services, and of increasing treatment capacity for substance abuse; and, be it

FURTHER RESOLVED, that the Health Commission authorizes the Director of Health to request increased funding for the replacement of lost grants and revenues, and for the augmentation of substance abuse treatment services for San Francisco residents for FY 1997-98; and, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-97 (Cont'd.)

FURTHER RESOLVED, that the Health Commission directs the Department to define measurable objectives and outcomes and work with appropriate federal agencies to document and evaluate the impact of drug treatment expansion.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 18 , 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-97

SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S REQUEST FOR ADDITIONAL FUNDING FOR ENHANCEMENT OF IMMUNIZATIONS FOR CHILDREN AND ADULTS

WHEREAS, in November 1996, the Department presented a Public Health Immunization Plan to the Health Commission outlining the importance of immunizations, the standards and schedules for immunizations, the Department's past performance in meeting those standards, and a plan to increase immunizations to San Francisco residents; and,

WHEREAS, the plan's objective is to meet the Healthy People 2000 national goal of 90% completion of immunization for two year olds by the year 2000; and,

WHEREAS, hepatitis A and B are entirely preventable with available vaccination, and the incidence of hepatitis B among adults has significantly increased over the past several years; and,

WHEREAS, the Department's plan includes expanding immunization clinics and the hours in which they operate, performing outreach into areas of the City with low immunization rates, the creation of an immunization registry, and program evaluation; and,

WHEREAS, the plan also calls for immunization of adults at high risk for hepatitis A and B in order to curb the increase of hepatitis in San Francisco; and,

WHEREAS, the Department does not have sufficient funds in the current year to implement the plan and has requested additional funding of $650,000 to begin the program in the next fiscal year; and,

WHEREAS, the Health Commission supports the Immunization Plan and the request for additional funds to begin the program; now, therefore, be it

RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to approve additional funding to implement the Immunization Plan for Francisco residents.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 18 , 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-97

SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S PROPOSED REALLOCATION OF FUNDS AND REQUEST FOR INCREASE IN TOTAL BUDGET FOR AIDS CARE FOR FY 1997-98

WHEREAS, the Department remains committed to providing a full continuum of prevention, intervention and appropriate treatment for HIV infection; and,

WHEREAS, the community based model of care developed in San Francisco is effective in treating and preventing AIDS; and,

WHEREAS, the newest treatment for AIDS has focused on the provision of effective antiviral medications; and,

WHEREAS, the demand for long term care, hospice care and home care has declined over the past year, and is expected to be further reduced as the health of AIDS patients improves with the continued use of AIDS drugs; and,

WHEREAS, the cost of providing drug therapies including protease inhibitors is very high, and has increased the cost to provide AIDS care to San Francisco patients; and,

WHEREAS, the State of California provides reimbursement for drug therapy for unsponsored and indigent AIDS patients, but the total funding allocated by the State is insufficient to meet the need for such care; and,

WHEREAS, the Department staff is working with members of the Legislature and staff from the State Office on AIDS to secure sufficient reimbursement for the drugs administered to San Francisco patients; and,

WHEREAS, the Federally funded Ryan White CARE grant has been reduced by $4 million in the current year, and the CARE Council has made reductions to balance the CARE budget; and,

WHEREAS, the Department believes that some services reduced from the CARE budget should be maintained in the coming year, and has requested that a portion of this reduction be backfilled with General Funds; and,

WHEREAS, the Department has also requested an increase in the total funding allocated for AIDS care in its budget submission to fund the increased cost of drug therapies, viral load testing, and increased substance abuse services; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 8-97 (Cont'd.)

WHEREAS, the Health Commission is supportive of reallocation of AIDS funds from low priority to high priority services, and concurs that selective services reduced in the CARE grant be restored; now, therefore, be it

RESOLVED, that the Health Commission approves the reallocation and increased funding request for AIDS services in the FY 1997-98 budget; and, be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to approve the additional requests for funds.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 18 , 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-97

SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S REQUEST TO FURTHER THE IMPLEMENTATION OF MANAGED CARE, AND TO INCREASE MEDICATION SERVICES TO SEVERELY MENTALLY ILL CLIENTS

WHEREAS, the Division of Mental Health's client population has increased by approximately 1,700 patients or 11% over the past two years; and,

WHEREAS, the Department is developing single points of responsibility (SPR) programs to manage 400 severely and chronically mentally ill clients who have histories of high use of hospital and locked institutional services; and,

WHEREAS, these programs will share risk through a capitation rate which encourages flexible and creative community supports and programs rather than institutional placements; and,

WHEREAS, consistent with a resolution from the Board of Supervisors and the Health Commission, the Division of Mental Health has assumed the responsibility and risk of providing all mental health services to MediCal recipients through the State's Mental Health Carve Out Managed Care Program; and,

WHEREAS, the Department is receiving funds from the State to implement Mental Health managed care; and,

WHEREAS, the Division of Mental Health has proposed developing needed programs to implement managed care, including claims management and adjudication, gatekeeping and authorization functions, consumer affairs, quality management, management information systems, and other administrative and support functions necessary for optimal management of the mental health carve out; and,

WHEREAS, the Division of Mental Health currently has a waiting list of mental health clients who require medication services; and,

WHEREAS, the Division has requested augmentation to its pharmaceutical budget and increases in pharmacists and psychiatrists to provide adequate medication therapies; and,

WHEREAS, the Division of Mental Health anticipates increased State revenues through additional Realignment funding, which is allocated by the State for mental health services; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-97 (Cont'd.)

RESOLVED, that the Health Commission supports the Department of Health's request to augment mental health services including funds to support the single points of responsibility programs, develop managed care functions, and increase medication services for the mentally ill in San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 18 , 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Amendments to Phase II of the EMS Configuration Plan
Jointly to the Fire and Health Commissions
February 18, 1997

On October 1, 1996, at a Joint Fire and Health Commission meeting the EMS Steering Committee presented an implementation plan for creation of a fire based response and transportation system. At that time, the Commissions supported the plan in principal, but requested that we provide updates on a number of crucial implementation issues prior to each respective Commission taking action on the transfer of function of the Health Department Paramedic Division to the Fire Department. We provided the Commissions with an update regarding the implementation plan presented on December 5, 1996. Our update included the creation of the Fire Department Paramedic Training Academy, the status of the meet and confer process, and a briefing regarding the preparation of the transition budget as a supplemental to the Fire Department budget in order to allow the transfer of function to occur on July 1, 1997. At that time the Joint Commission directed us to continue our work and to return with a progress report in 60 days.

Since that time, we have made a great deal of progress and therefore believe that it is now appropriate to ask the Commissions for policy approval to transfer the function of the Paramedic Division from the Department of Public Health to the San Francisco Fire Department.

By way of background, we have made progress in the following areas:

1) We have detailed the procedures for the selection of the EMS Chief and the SFFD EMS Medical Director (page 47).

2) We have revised the job descriptions of the Medical Director and the Assistant Medical Director (pages 75-77).

3) We have made minor changes to the job descriptions of the EMS Chief and the Section Chiefs (pages 99-102).

4) Working with the Health and Fire Departments, we have clarified the Health Department's continued responsibility with respect to the management and control of EMS services after the transfer of these services to the Fire Department. These clarifications are described on page 38 and 41 of the Phase II report.

5) We have prepared the necessary changes to the San Francisco Health Code which will recognize the respective roles of the Health and Fire Departments over Emergency Medical Services.

6) We have clarified that Paramedics will become Fire Rescue Paramedics and Paramedic Captains will become Fire Paramedic Captains through a permanent appointment process designed through the Department of Human Resources. The permanent appointment process will allow all Paramedics who wish to become Fire Rescue Paramedics to do so and all Paramedic Captains to become Fire Paramedic Captains at their request (pages 42, 45, 64 and 67).

7) We have expanded the number of opportunities (from one to two) that Paramedics and Paramedic Captains will have to become Fire Rescue Paramedics and Fire Paramedic Captains, respectively.

8) A supplemental budget request necessary to effect the transfer was heard at the Fire Commission on January 23, is being reviewed currently by the Mayor's office and the Controller, and will be calendered for consideration by the Board of Supervisors.

9) The Departments have met and resolved the amount of general fund which will move from the Department of Public Health to the Fire Department to cover the costs of the Paramedic functions.

10) The Departments have agreed that the Fire and Health dispatch functions will be consolidated at Turk Street. This site is for a limited time pending the opening of the new combined dispatch center.

11) We have had six meetings with the Fire Union and fourteen meetings with Local 790. Several of the issues addressed by the Phase II report, as amended, are subject to the meet and confer process with the affected union. Many important issues remain to be resolved, including the determination of the representative bargaining unit for the newly created classifications. It is our intention to work with the respective unions to resolve all pending issues before the transfer of function. The EMS Steering Committee recommends, however, that the meet and confer process not delay the transfer of paramedic functions. Any operational or other changes required to be made as a result of the meet and confer process can be made retroactive to July 1, 1997, if appropriate.

STEERING COMMITTEE MEMBERS

Co-Chairs: Richard Condon, Deputy Chief for Operations, SF Fire Department
Chris Wachsmuth, SFGH
Members: Ehrhardt Groothoof, Chief, DPH Paramedic Division
Michael Groshong, Battalion Chief, SF Fire Department
Anne Kronenberg, DPH Administration
Margine Sako, Office of the Mayor
Richard Shortall, Captain, SF Fire Department

Convenor: Mitchell Katz, MD, Medical Director, DPH EMS Agency

EMS Staff to Steering Committee:
Abbie Yant, Administrator, DPH EMS Agency

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

JOINT RESOLUTION OF
THE HEALTH COMMISSION
AND
FIRE COMMISSION

Health Commission Resolution # 10-97
Fire Commission Resolution #97-02

APPROVING AMENDMENTS TO PHASE II OF THE EMERGENCY MEDICAL SERVICES CONFIGURATION PLAN, APPROVING THE TRANSFER OF THE PARAMEDIC FUNCTION FROM THE DEPARTMENT OF PUBLIC HEALTH TO THE FIRE DEPARTMENT, URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO PROVIDE THE NECESSARY APPROVALS AND TO TAKE ALL ACTIONS NECESSARY TO IMPLEMENT THE TRANSFER, AND AUTHORIZING THE DIRECTOR OF PUBLIC HEALTH AND FIRE CHIEF TO TAKE ALL ACTIONS NECESSARY TO IMPLEMENT THE TRANSFER

WHEREAS, the Health and Fire Commissions have approved an Emergency Medical Services Reconfiguration Plan (Phase I); and,

WHEREAS, the Health and Fire Commissions directed the Health and Fire Departments to develop an Implementation Plan for a fire-based emergency response and transportation system; and,

WHEREAS, the Health and Fire Commissions supported the recommendations of the Phase II Implementation Plan for a fire-based emergency response and transportation system; and,

WHEREAS, the Health and Fire Commissions directed the Departments to work with the City Attorney's Office and Employee Relations Division of the Department of Human Resources to ensure that all changes be implemented consistent with Civil Service Commission rules and collective bargaining contracts, and that any changes which impact wages, hours or terms of employment within the scope of representation be handled appropriately through meet and confer procedures with the Unions involved; and,

WHEREAS, the Health Department through the Director of Public Health and the Emergency Medical Services Agency will continue to provide management and control of the new fire-based Emergency Medical Services system, as provided by the Phase II Plan, as amended; and,

WHEREAS, the Health Commission shall continue to govern the Emergency Medical Services Agency and Emergency Medical Services Medical Director as the regulators of the Emergency Medical Services system in the City and County of San Francisco; and,

(415) 554-2666 101 Grove Street, Room #311 San Francisco, CA 94102

Health Commission Resolution # 10-97
Fire Commission Resolution #97-02

WHEREAS, the Fire Commission shall continue to oversee the operations of the San Francisco Fire Department; and,

WHEREAS, San Francisco Health Code Section 112 authorizes and directs the Department of Public Health to maintain emergency ambulance services; and,

WHEREAS, the Health Code should be amended to recognize the respective roles of the Health and Fire Departments over Emergency Medical Services when the paramedic function is transferred to the Fire Department; and,

WHEREAS, the Director of Public Health and Fire Chief may need to take additional actions to implement the transfer, such as approving interdepartmental agreements; now, therefore, be it

RESOLVED, that the Health and Fire Commissions approve the Phase II of the Emergency Medical Services Configuration, as amended in February 1997; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions urge the Mayor and Board of Supervisors to provide the necessary approvals and take all actions necessary to implement the transfer; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions recommend the repeal of San Francisco Health Code Section 112 and the adoption of a new ordinance recognizing the respective roles of the Health and Fire Departments in the provision of emergency medical services; and, be it

FURTHER RESOLVED, that the Health and Fire Commissions approve the transfer of function of the Department of Public Health Paramedic Division to the San Francisco Fire Department; and, be it

FURTHER RESOLVED, that the Director o f Public Health and Fire Chief are hereby authorized to take all actions necessary to implement the transfer.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, February 18 , 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Raymond G.Connors
Secretary to the Fire Commission

Attachment G
Page 2 of 2

dward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

4/97

AGENDA

HEALTH COMMISSION MEETING

March 4, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF FEBRUARY 18, 1997

3) CONSENT CALENDAR OF BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a supplemental appropriation of $400,000 for augmentation to Mental Health Comprehensive Children's Crisis Services.

(3.2) **CPHS-Homeless** - Request for approval by the Budget Committee of the Health Commission to accept and expend a new grant of $63,685 from the Lutheran Social Services of America for the period of February 1, 1997 to September 30, 1997.

(3.3) **DMS-CMHS** - New contract with UC San Francisco - UC Regents Clinical Practice Group (CPG)/ SFGH, in the amount of $737,285 to implement a new community focused mental health service pilot program serving the severely mentally ill adults of San Francisco for the period

of February 1, 1997 to June 30, 1997. (DPH contracted with UC Regents for services totaling $10,774,933 during FY 95-96).

(3.4) **SFGH** - Contract with the Phillip Daniel Group, Inc. for the provision of Construction Management services and interior remodeling for the Radiology department at San Francisco General Hospital in the amount of $1,325,614 for the period of March 14, 1997 through March 13, 1998.

(3.5) **SFGH-CHN** - Retroactive approval for a Proposition J contract with West Coast Valet for the provision of Laundry Processing Services, in the amount of $592,000 for the period of July 1, 1996 through June 30, 1997.

(3.6) **SFGH-CHN** - Approval of a three-party agreement for the operation of a second Beverage and Food Cart by Espresso Grego for the SFGH Volunteers on the San Francisco General Hospital Campus for the period of March 15, 1997 through March 14, 2000.

(3.7) **Planning** - Consideration of an agreement between the Department of Public Health and San Francisco Health Authority for reimbursement of public health services provided to Medi-Cal beneficiaries under Medi-Cal Managed Care.

(3.8) **Planning** - Consideration of an agreement between the Department of Public Health and Blue Cross of California (CaliforniaCare) for reimbursement of public health services provided to Medi-Cal beneficiaries under Medi-Cal Managed Care.

(3.9) Consideration of a contract between the Physician-Hospital Organization at St. Luke's Hospital (PHOSL) and the Department of Public Health, to provide administrative services to PHOSL for the Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan.

(3.10) Consideration of a contract between the Chinese Community Health Plan (CCHP) and the Department of Public Health to provide administrative services to CCHP for the Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

5) **CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH'S RECORDS RETENTION AND DESTRUCTION POLICY**

6) **UPDATE ON THE TOBACCO CONTROL PROGRAM**

7) **UPDATE ON WELFARE REFORM**

8) OTHER BUSINESS/PUBLIC COMMENTS*

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

4/97

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, March 4, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Debra A. Barnes
	Commissioner Edward A. Chow, M.D.
	Commissioner Roma P. Guy, M.S.W.
	Commissioner Lee Ann Monfredini
	Commissioner Harrison Parker, Sr., D.D.S.
	Commissioner David J. Sanchez, Jr., Ph.D.

On behalf of Mayor Willie L. Brown, Jr., the Commission, and the Department, Commissioner Roma Guy presented to Penny Mitchell, Director of CHN Medical Social Services, a special proclamation designating March as Professional Social Workers Month. Commissioner Guy, who is also a social worker, acknowledged the scope of work of 200 social workers in various divisions in our Department.

2) APPROVAL OF MINUTES OF THE MEETING OF FEBRUARY 18, 1997

Action Taken: The Commission unanimously adopted the minutes of February 18, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a supplemental appropriation of $400,000 for augmentation to Mental Health Comprehensive Children's Crisis Services.

(3.2) **CPHS-Homeless** - Request for approval by the Budget Committee of the Health Commission to accept and expend a new grant of $63,685 from the Lutheran Social Services of America for the period of February 1, 1997 to September 30, 1997.

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Commissioner Sanchez did not discuss or vote on this item due to conflict of interest.

(3.4) **SFGH** - Contract with the Phillip Daniel Group, Inc. for the provision of construction management services and interior remodeling for the Radiology Department at San Francisco General Hospital in the amount of $1,325,614, for the period of March 14, 1997 through March 13, 1998.

This item was deleted from the agenda.

(3.5) **SFGH-CHN** - Retroactive approval for a Proposition J contract with West Coast Valet for the provision of Laundry Processing Services, in the amount of $592,000, for the period of July 1, 1996 through June 30, 1997.

Commissioner Sanchez did not discuss or vote on this item due to conflict of interest.

(3.6) **SFGH-CHN** - Approval of a three-party agreement for the operation of a second Beverage and Food Cart by Espresso Grego for the SFGH Volunteers on the San Francisco General Hospital Campus for the period of March 15, 1997 through March 14, 2000.

(3.7) **Planning** - Consideration of an agreement between the Department of Public Health and San Francisco Health Authority for reimbursement of public health services provided to Medi-Cal beneficiaries under Medi-Cal Managed Care.

Commissioner Sanchez and Commissioner Chow did not discuss or vote on this item due to conflict of interest.

(3.8) **Planning** - Consideration of an agreement between the Department of Public Health and Blue Cross of California (CaliforniaCare) for reimbursement of public health services provided to Medi-Cal beneficiaries under Medi-Cal Managed Care.

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(3.10) Consideration of a contract between the Chinese Community Health Plan (CCHP) and the Department of Public Health to provide administrative services to CCHP for the Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan.

Commissioner Chow did not discuss or vote on this item due to conflict of interest.

Actions Taken: The Commission unanimously approved #3.1, 3.2, 3.6, 3.8 and 3.9. Item #3.4 was deleted from the agenda.

The Commission (Chow, Monfredini, Barnes, Guy, Parker) approved #3.3 and #3.5. Commissioner Sanchez abstained on these items.

The Commission (Monfredini, Barnes, Guy, Parker, Sanchez) approved #3.10. Commissioner Chow abstained on this item.

The Commission (Monfredini, Barnes, Guy, Parker) approved #3.7. Commissioner Chow and Commissioner Sanchez abstained on this item.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

ADMINISTRATION

San Francisco Health Plan

The Department is pleased to notify the Health Commission that as of March 1, 1997, the San Francisco Health Plan has 18,400 Medi-Cal beneficiaries enrolled in its plan. This number is the current estimate and may be revised to a higher number once the Health Plan has final figures from the State Department of Health Services. It is our understanding that California Care's enrollment for the month of February 1997 was 9,979.

I am extremely pleased that the San Francisco Health Plan has been able to enroll such a significant number of individuals in such a short time period. As you know, the San Francisco Health Plan did not become operational until January 1, 1997, whereas California Care has been operational since July 1996. I believe the enrollment is reflective of the beneficiary outreach and education programs conducted by the San Francisco Health Plan. These efforts were designed to introduce beneficiaries to the Health Pan and market the Health Plan's services and providers.

State Supreme Court Decision Regarding County Health Care Funding

As reported in this morning's paper, yesterday the California State Supreme Court decided a case that could significantly affect our health care revenues. The case, *County of San Diego vs. State of California* was filed by Los Angeles and San Bernardino Counties following the State's 1983 shift to the counties of the cost and responsibility for providing health care to "Medically Indigent Adults" (MIAs). While the original counties dropped the suit, San Diego County continued it, claiming that under the State's mandate claims law, which provides that the State cannot transfer mandated services to local governments without sufficient funds to pay for the services, the State must reimburse counties.

Prior to this shift, MIAs had been served throughout the county as a category of Medi-Cal, with the State reimbursing providers at Medi-Cal rates (i.e., Federal matching funds are not available for this population). In 1983, the first year of the shift, the State provided the counties with approximately 85% of the projected cost of MIA services, based on the assumption that county administration of the program would lead to estimated savings of 15%. San Francisco's initial allocation was about $26 million. In subsequent years, the State funds made up less than 50% of the estimated cost of providing these services.

In 1990, the State enacted the Health and Welfare Realignment Law that replaced many of the categorical and block grant funding programs, including the MIA (later called MISP) block grant. Realignment provides about $150 million a year to San Francisco, $122 million of it to the Health Department, based upon a proportion of the State sales tax and vehicle license fees. The realignment legislation included a "poison pill" designed to dismantle the law under certain circumstances, including a court decision that the State is obligated to reimburse counties for the cost of providing MIA services.

At this point, it is unclear how the State plans to respond to the Supreme Court decision. The unlikely, but optimal scenario for us would be if the State simply provided the mandated funds that we lost prior to Realignment -- this could be a significant amount to San Francisco. The more likely scenario would involve Legislative attempts to rewrite the Realignment legislation which, as originally drafted, is very favorable to San Francisco. We will continue to keep the Commission informed.

LAGUNA HONDA HOSPITAL

Annual Licensing and Certification Survey

Laguna Honda completed its Annual Licensing and Certification Survey last month. Commissioner Monfredini, Chair of the Laguna Honda Hospital Joint Conference, participated in the exit conference February 18.

Although deficiencies were described in a number of areas, the team leader of the survey noted that none of the deficiencies indicated a substandard level of care. Upon receipt of the written report, the Hospital will determine the specific nature of the deficiencies and prepare a response. In addition, the team leader recommended continuation of current waivers and requests for program flexibility.

AB 1040 Planning

Membership recommendations to the AB 1040 Long Term Care Integration Task Force will be heard by the Board of Supervisors Rules Committee March 11. Jennie Chin Hanson, Executive Director of On Lok, and Tony Wagner, will serve as Co-Chairs of the Task Force.

Laguna Honda Hospital Volunteer, Inc. Board President-Re-elected

Jean McClatchy Bricker was re-elected President of the LHH Volunteer, Inc. Board at its annual meeting on February 14. The meeting was attended by Board members and the LHH Executive Committee.

SAN FRANCISCO GENERAL HOSPITAL

Department of Health Services Survey

The Department of Health Services, which makes annual inspections, is conducting the first recertification survey of the SFGH Distinct Part Skilled Nursing Facility from February 25 to March 6, 1997. SFGH has 30 SNF beds located on unit 4-A, and 185 SNF beds at the Mental Health Rehabilitation Facility, which opened in December of 1996. The final report will be forwarded to the Joint Conference Committee.

APPROACH Pilot to Kick-Off

The Ambulatory Patient and Provider Relationship Organized to Achieve Comprehensive Health Care project (APPROACH) began on the SFGH Campus March 3. The APPROACH project seeks to deliver a model of care centered on the primary care provider caring for a financial cross-section of patients. The goals of this pilot are to: 1) provide managed care experience to General Medical and Specialty Clinics; 2) demonstrate a commitment to a single standard of care; and 3) to assess utilization, costs and models of care.

This project will expand in three months to the Maxine Hall Health Center.

Diversion Statistics

Critical care diversion for the period February 1 through February 28, 1997 diverted for 1.1% or 7 hours and 5 minutes. The Emergency Department diverted for 3.9% or 26 hours and 10 minutes.

COMMUNITY PUBLIC HEALTH SERVICES

Farewell

It is with great sadness that I must report the passing last week of John O'Brien, a long-time activist and Department of Public Health advisory board participant. Many will remember John as a frequent testifier at Health Commission meetings, where his passion and outrage at injustice often made the microphone unnecessary and the timer irrelevant. John was, however, always willing to pitch in to help another person or dedicate his time and energy as a volunteer to support department programs. John would warmly embrace the characterization of him as an agitator, rabble rouser and tireless advocate for homeless and mentally disabled people, but John, who spent much of his life on the streets, was also a very kind and generous person. While he had previously served on the Mental Health Advisory Board, he was most recently an active member of both the Tom Waddell Health Center Advisory Board and the Health Center Network Advisory Board. He was also an advisor to Commissioner Guy and the Bay Area Homelessness Project. Although in failing health, John was active right up until the end. He often publicly praised the health care he received at the Tom Waddell Health Center, especially from his physician, Dr. Barry Zevin. John will be very much missed.

DIVISION OF MENTAL HEALTH SERVICES

Mental Rehabilitation Facility (MHRF) Update

The MHRF started accepting referrals from acute inpatient psychiatric hospitals within San Francisco, in addition to the planned transfers of clients from out of county facilities. It is expected that the start-up phase for the MHRF will be completed by the end of March. The current average daily census is 109 .

Site Approval Process Ordinance

The Health, Family and Environment Committee of the Board of Supervisors held a hearing last week on the proposed repeal of 15.7 of the Administrative Code; the site approval ordinance for Mental Health and Substance Abuse programs. The Department testified at the hearing and provided the Committee with copies of the Health Commission's resolution supporting repeal of the ordinance. Providers and consumers advocacy groups including the Mental Health Board, also testified. The hearing was continued until March 27, 1997.

Update on Relocation of South of Market Clinic to 760 Harrison

As members of the Health Commission recall, the final approval for relocation of the South of Market Clinic was given last July. The Division continues to keep lines of communication open with the community and is actively involved with problem-solving, as part of an overall effort to be a good neighbor.

Since site approval was granted, Mental Health staff have:

- met with the Yerba Buena Neighborhood Advisory Council six times;
- heard neighborhood concerns regarding mental health services for children and adolescents in the South of Market area; and
- conducted outreach meetings with senior housing managers and sponsoring organizations.

Renovation of the 760 Harrison Street site is underway. Occupancy of the new site is expected by June 1997. Following relocation of the South of Market Clinic, the Division will continue to meet with community organizations/agencies in the area to jointly problem-solve issues as they arise.

Client Satisfaction in DMS

In October 1996, the Division of Mental Health Services initiated a new system for measuring client outcomes. The Outcomes Project is measuring change in consumer health status, behavioral symptoms, social functioning, and quality of life in eight pilot clinics. The Division distributed several thousand client satisfaction questionnaires in January to consumers throughout the Mental Health system. Questionnaires were printed in English, Spanish, Chinese and Tagalog. The mail-back surveys are still coming in, but as of February 14; the Division received and processed a total of 2,141 surveys. The return rate for these questionnaires appears to be over fifty percent.

The questionnaire consists of eight questions with four rating categories for each: (1) "Quite Dissatisfied"; (2) "Indifferent/Mildly Satisfied"; (3) "Mostly Satisfied", and (4) "Very Satisfied". The overall score for the Division was 3.29. The Division of Mental Health Services is considering additional approaches to measuring satisfaction, and this data provides a foundation for the further development of this area. Client demographics for the 2141 questionnaires are:

DMS Client Satisfaction Summary Statistics

Average Item level score		3.29
Percentage male		54%
Percentage Female		46%
Percentage Racial/ Ethnic Background	Asian/Pacific Islander	18%
	Black/African-American	20%
	American Indian	02%
	Hispanic or Latino	12%
	White/Caucasian	41%
	Other or not responding	07%

The Division will produce individual program reports based on this data for the annual program review. Additional analysis of the data will also be performed to compare differences in satisfaction by age groupings and other demographic characteristics.

Community Service Award for Albert DeRanieri, M.D.

Please join us in congratulating Albert DeRanieri, M.D., the Children's Medical Director, for being the recipient of the Gordon Andrews Community Service Award, presented by the Northern California ROCAP, on January 25, 1997. He was chosen for the award for his over 20 years of dedicated service to child adolescent and family mental health, and to the Greater Child Mental Health Community in the San Francisco Bay Area and Beyond.

BUREAU OF ENVIRONMENTAL HEALTH MANAGEMENT

Fines and Penalties.

In cooperation with the District Attorney's Office, the Bureau is in receipt of three civil enforcement cases. Each case involved illegal disposal of hazardous waste/material.

1. Triple A Machine	$275,000
2. McDonald's Restaurant	$ 13,000
3. Fairmont Hotel	$ 13,000
TOTAL	$301,000

All three cases included restitution for investigative time spent by Environmental Health staff and also Stipulated Final Judgments (penalties). By State law, all of these funds are deposited in the Bureau's

Enforcement Account. Funds deposited in this account can only be spent for enforcement activities, such as sampling/analytical testing, and equipment.

Centralization

Bureau staff will phase into their new offices in Fox Plaza, 1390 Market Street, next month as scheduled. Half of the Bureau will relocate on March 17 and the remainder will move-in on March 24.

Water Sampling

Hetch-Hetchy water was returned to service last week by the San Francisco Water Department. As an added precaution to the Bureau's on-going sampling program, staff collected additional samples and reviewed results from the Water Department throughout the storm period and during the blending phase last week. All samples have returned negative or within State and Federal guidelines for water quality. Staff will continue their routine monitoring of the City's water supply.

OCCUPATIONAL SAFETY AND HEALTH (OSH) PROGRAM

Appointments

We are happy to announce that the OSH Program has hired Gia Davalos as the new Industrial Injury Investigator to assist us in maintaining an effective occupational injury and illness reporting and recordkeeping program. Ms. Davalos, who is replacing Helen Garza, comes to the Department from Alameda Naval Air Station where she served as the Safety and Health Specialist for eight years. Also joining us temporarily from the Department of Recreation and Parks is Ms. Hilary Stoermer, Industrial Hygienist, who will provide technical assistance and support on occupational safety and health issues for CCSF employees at Hunters Point.

EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

HIV Post-Exposure Prophylaxis for Sexual and Drug Use Exposures

There have been several recent articles in the media, nationally and locally, on HIV post-exposure prophylaxis for sexual and drug use exposures. The theory is that by administering antiretroviral drugs immediately following a sexual exposure or use of an HIV contaminated needle it might be possible to abort HIV infection. There are no data at the current time to prove that such a treatment would be effective, but there is evidence that post-exposure prophylaxis prevents HIV infection among health care workers who sustain needle sticks. There are many similarities in the immune response following sexual or drug use exposures compared to needle sticks and this makes it biologically plausible that post-exposure prophylaxis will be effective.

Post-exposure prophylaxis also has a number of potential risks. Most notably, there is concern that the perception that post-exposure prophylaxis is available will result in persons increasing their high risk sexual or drug using behavior. For this reason the Department supports post-exposure prophylaxis only in the context of an overall prevention approach. Dr. Mitch Katz has been working with San Francisco General Hospital and UCSF researchers to create a service demonstration project that would provide prophylaxis with a strong prevention counseling component to patients with high risk exposures.

Ryan White Care Funds

I am happy to report on the results of the AIDS Office's competitive application for supplemental Ryan White Care Funds. We received $18,259,222 in supplemental funding. This is over $2 million dollars more than we had expected. Coupled with our $18,935,412 in formula funding, the total CARE funding was of $37,194,634. With the augmentation of $2.1 million dollars of general funds already approved by the Health Commission for next year's budget, we are confident that there will be no CARE funded service reductions.

EMERGENCY MEDICAL SERVICES

EMS Medical Director Assisting Team in Lithuania

John F. Brown, M.D., Medical Director of Emergency Medical Services, is among a group of seven medical assessment team volunteers who will be establishing nationwide training programs in cardiac resuscitation, perinatology and neonatology in Lithuania. Dr. Brown will be responsible for laying the groundwork for establishing Pediatric Advanced Life Support and Advanced Cardiac Life Support. His week-long trip is sponsored by International Relief Teams, an international non-profit relief organization who assisted San Francisco during the aftermath of the 1989 earthquake.

5) CONSIDERATION OF A RESOLUTION FOR THE DEPARTMENT OF PUBLIC HEALTH RECORDS RETENTION AND DESTRUCTION POLICY

Tangerine Brigham, Director of Policy and Planning, reported the following:

Chapter 8 of the San Francisco Administrative Code requires each City Department to prepare a schedule for the systematic retention and destruction of records. The document, *Department of Public Health Records Management Program: Policies and Procedures*, was developed in conjunction with the City Attorney's Office and will be used by programs to guide the periodic review, storage and destruction of the Department's clinical, public health and administrative records. The proposed policy establishes minimum retention periods for our various types of records and identifies where and how records are stored and/or destroyed. The retention periods are based on statutory reference from either State or Federal law.

Deputy City Attorney Jean Fraser recommended that the Department wait for approvals from the Controller and the Retirement Board prior to implementation of an approved policy.

Dr. Hernández acknowledged the work of planner Judith Hager, who worked with a Departmentwide Committee to develop these policies and procedures.

Commissioner Guy requested the Department re-look at the issue of Nursing staff pattern records.

Commissioner Barnes requested the Department to look at contributors' lists (i.e., SFGH Foundation).

Commissioner Chow requested the Department to look at criteria to determine whether a document has historical significance.

> Action Taken: The Commission unanimously adopted Resolution #11-97, "Approving the Department of Public Health Records Management Program: Policies and Procedures," (Attachment A).

6) UPDATE ON THE TOBACCO CONTROL PROGRAM

Bob Prentice, Ph.D., Public Health Division, introduced Alyonik Hrushow, Jeff Leong, and Liz Laporte. A copy of the Briefing Paper on the 1996-98 Comprehensive Tobacco Control Plan is available in the Commission Office.

Alyonik Hrushow, Director of the Tobacco Free Project, provided an overview of the history and future directions of tobacco control efforts. She reported the following:

Since 1988, Proposition 99 antismoking education programs have cut the statewide smoking rate from 26.7% to 15% in 1995 (a 41% decrease) and the California Tobacco Control Program is considered the best antismoking program in the world. This dramatic drop in tobacco consumption was achieved with an aggressive education campaign designed to denormalize tobacco use that stressed three themes:

- Countering the targeting practices of the tobacco companies.
- Nicotine is an addictive drug.
- Secondhand smoke causes cancer and heart disease in non-smokers.

Jeff Leong, Director of the AB 75 (Tobacco Tax) Project, gave a review on the funding of programs through the tobacco tax.

Liz Laporte, Deputy City Attorney, gave an update on the recent lawsuits against the tobacco industry.

7) UPDATE ON WELFARE REFORM

Tangerine Brigham, Director of Policy and Planning, serves on the Steering Committee of the Mayor's Welfare Reform Task Force, which was formed in response to the passage of the Personal Responsibility and Work Opportunity Act of 1996. Ms. Brigham reported the following:

The Task Force is structured with nine Committees and a Steering Committee which coordinates the work of the Committees and the Task Force as a whole. The nine Committees are:

- Child Care
- Community Resources
- Coordinating City Budgets
- Employment Education and Training
- Housing
- Immigration
- Redesign of the Department of Human Services
- Support Systems
- Business Advisory

The Department is represented on several Committees. Mark Trotz serves on the Housing Committee, and Mildred Crear and Deborah Camarillo serve on the Supportive Services Committee. Also, Commissioner Roma Guy serves on the Redesign of the Department of Human Services Committee. The Committees have been meeting regularly since November 1996 to address specific issues defined by the Steering Committee. In February 1997, each Committee presented preliminary recommendations in response to their mandates. Over the next two months, these recommendations will be discussed and merged into a consolidated final report. The final report will be presented to the Mayor in May 1997. Based on the report, the Mayor will examine and respond to the implications for the City's budget for fiscal year 1998.

The Department has reviewed the preliminary recommendations of all Committees. The Department sent letters to all Committee Chairpersons reiterating the Department's support of their efforts, and highlighting the recommendations most related to our work. (Attachment B).

Members of the Task Force who presented their Committee recommendations were:

- Joanna Uribe, Chairperson of the Community Resources Committee
- Mark Trotz, member of the Housing Committee
- Martha Ryan, Chairperson of the Support Systems Committee
- Martha Jimenez, Chairperson of the Immigration Committee (Attachment C)

Mark Trotz reported the following recommendations to maintain housing:

- Provide reserve funds to maintain housing for people who lose benefits
- Support future housing developments
- Increase short-term financial assistance
- Expand multilingual housing counseling
- Have conditions for affordable housing projects to hire low-income persons
- Bring unused units into the available housing stock

Dr. Hernández emphasized the theme in responding to welfare reform is to integrate services, with health being very central to the response. The challenges will be to provide services where they are needed and to address labor-related questions in areas of manpower, (i.e. - volunteerism, mentoring).

The Department will come back to the Commission after the final report from the Task Force is presented to the Mayor. The Department will report back the specific areas where and how the Department will be implementing recommendations of the Task Force.

President Chow requested the Department to provide geographic demographics of the population impacted by welfare reform.

The Commission thanked the members of the Task Force for their informative presentation.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-97

APPROVING THE DEPARTMENT OF PUBLIC HEALTH RECORDS MANAGEMENT PROGRAM: POLICIES AND PROCEDURES

WHEREAS, Chapter 8 of the San Francisco Administrative Code requires each City Department to prepare a schedule for the systematic retention and destruction of records; and,

WHEREAS, the Department of Public Health in conjunction with the City Attorney's Office has developed the *Department of Public Health Records Management Program: Policies and Procedures*; and,

WHEREAS, the *Department of Public Health Records Management Program: Policies and Procedures*, in accordance with statutory requirements and regulations, sets minimum records retention requirements and establishes records storage and destruction policies and procedures; and,

WHEREAS, the Department will adopt these policies and procedures to assure the routine destruction of inactive and out-of-date documents and records; and,

WHEREAS, the Director of Health assigns responsibility to each of the Department's divisions for implementing a schedule of records retention and destruction which will conform with the policies and procedures and will provide division's flexibility to meet their specific records-keeping needs; now, therefore, be it

RESOLVED, that the San Francisco Health Commission approves the *Department of Public Health Records Management Program: Policies and Procedures.*

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, March 4, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

MAYOR'S WELFARE REFORM TASK FORCE

CHILD CARE COMMITTEE

The charge of the Child Care Committee is to answer: how can we assure quality child care for all low-income working parents?

- Recommendation: DHS, MOCYF, MOCD and other City officials fund resource and referral agencies to develop new outreach strategies and to expand outreach efforts to additional neighborhoods and to locations where parents go - including schools, Beacon centers, health clinics and other sites.

  DPH health centers could distribute information on child care services. To the extent that new child care centers are established, the Department could assure that prevention services and information are provided, such as vaccinations, dental hygiene and injury prevention. Also to the extent that a child care system is developed, DPH would want to integrate routine immunization and other disease prevention and wellness activities into these centers.

COMMUNITY RESOURCES COMMITTEE

The charge of the Community Resources Committee is to answer: how can non-governmental organizations best individuals help obtain and retain employment and provide necessary support services?

- Recommendations:

◊ One-Stop Support and Services Clinics: Community/neighborhood clinics that offer access to a wide range of social, legal, medical, vocational and parenting services in one location, on one date. General community outreach in neighborhoods and specialized ones focused on women's needs.

◊ Community Service Incentives for City Employees: Sensitize city employees to clients and leverage resources. City employees should be allowed to take up to 40 hours paid release time per year for volunteer activities – 20 hours would be on City time and the other 20 hours on the employee's own time.

We believe that the second recommendation should be addressed to the City's Department of Human Resources given that it is a City-wide labor issue.

COORDINATING CITY BUDGETS COMMITTEE

The charge of the Coordinating City Budgets Committee is to answer: what changes are needed in City budgets and departmental organization to most effectively use all the resources available to the City?

- Recommendation: Reallocation of public funding, including both those programs carried out in partnership with CBOs as well as those implemented "in-house," to increase resources for those serving welfare recipients and others in poverty, consolidate overhead and other administrative costs where possible.

  DPH will investigate its possible role in this recommendation.

EMPLOYMENT EDUCATION AND TRAINING COMMITTEE

The charge of the Employment Education and Training Committee is to answer: how should employment, education, and training programs be organized to best enable individuals to acquire skills necessary to obtain and retain employment?

- Recommendation: Development of a personal "employability plan" for recipients which sets goals for achieving stable employment and addresses other self sufficiency issues (e.g., child care needs, substance abuse treatment, mental health needs, transportation issues, etc.)

  DPH could provide information about available services, and evaluate accessibility of public health, mental health and substance abuse services during evening and weekend hours.

HOUSING

The charge of the Housing Committee is to answer: how can housing policy help facilitate employment for low-income individuals?

- No committee recommendations either directly or indirectly affect DPH.

IMMIGRATION COMMITTEE

The charge of the Immigration Committee is to answer: how can the City best respond to the immigration provisions of welfare reform, and what is the City's naturalization plan?

- Recommendations:

◊ Create a comprehensive model to provide outreach, assessment, naturalization preparation, case management, legal services and application assistance for legal permanent residents (LPRs) in San Francisco.

  DPH could support outreach efforts by making materials available at community clinics and programs, and ensuring staff are trained to refer LPRs for assistance

◊ Mobilize the use of in-kind resources from the City and County of San Francisco, such as in the areas of medical, public safety, and access government buildings to launch the Citywide Naturalization Project.

  The DPH can work with this Committee to identify in-kind resources (e.g., geriatricians, public health nurses, psychologists) that can be used to identify legal immigrants who may be medically eligible for nationalization waivers.

REDESIGN OF DEPARTMENT OF HUMAN SERVICES COMMITTEE

The charge of the Redesign Committee is to answer: how should the Department of Human Services be organized in order to best assist clients in obtaining and retaining employment?

- Recommendation: DHS will work collaboratively with the private sector and CBOs, academic and religious institutions, and unions to provide employment, education and training opportunities that will assist recipients to lift themselves out of poverty.

  While this recommendation does not specify DPH as a participant, several of the methods suggested for information dissemination and public education could be supported by DPH community clinics and programs. In addition, DPH could collaborate with DHS regarding the content of information to be disseminated, e.g., to include updates regarding eligibility for prenatal and other health care.

SUPPORT SYSTEMS COMMITTEE

The charge of the Support Systems Committee is to answer: what types of support services are needed, in addition to education and training programs, to enable individuals facing additional barriers to obtain and retain employment?

- Recommendations:

◊ General Service Delivery Recommendation: Expand prevention efforts while maintaining high levels of crisis care (mental health, substance abuse), achieving a balance in light of limited funds

◊ Recommendations in Specific Areas of Supportive Services:
Substance Abuse:

⇒ Establish standards for substance abuse training for those making recipient assessments at entry points (CBO or other).

⇒ Move to a "family-centered" approach to treatment to work preventatively with children as well as treating their parents. Increase availability of substance abuse treatment for adolescents.

⇒ Create detox facilities for families with children that are currently non-existent and will save costs to hospitals and jails.

⇒ Establish a full continuum of care: Outpatient --> Residential --> Aftercare. Ensure that cost of care takes into account the levels of care required based on assessment/continuing reassessment.

⇒ Increase the number of dual diagnosis beds/slots.

⇒ Provide aftercare services and outreach on evenings and weekends, with money following the recipients where they go for services.

As you know, the Department is supportive of improving access to substance abuse services as evidenced by our substances abuse treatment on demand initiative. DPH will work closely with this committee to ensure that its recommendations are included in our substance abuse planning effort.

Mental Health:

- ⇒ Increase and establish community mental health services at a less intensive outpatient level to provide widespread care preventatively rather than waiting until recipients reach a crisis to be able to get treatment.
- ⇒ Move to a "family-centered" approach to treatment. Establish a mechanism to shift foster care money and resources to both residential care for smaller numbers of inpatient mental health clients and to larger numbers of less intensive outpatient services.
- ⇒ Provide outpatient mental health services in the evenings or on weekends for working parents with mental health needs or children with mental health needs.

DPH is committed to ensuring that community-based early intervention, prevention and treatment services be accessible to TANF recipients. DPH's Medi-Cal mental health carve out is premised on the principle of reducing costly inpatient utilization and shifting funding, whenever possible, to outpatient services which keep individuals in their communities. DPH has requested finding in our 1997-98 budget to provide less intensive mental health services in our primary care clinics. DPH will continue to explore each of the recommendations cited above.

An additional committee, the Business Advisory Committee, was formed after the initial committees were developed. This Committee has not presented any written recommendations.

RECOMMENDATIONS TO THE SAN FRANCISCO HEALTH COMMISSION

FROM THE IMMIGRATION COMMITTEE OF THE MAYOR'S WELFARE REFORM TASK FORCE

MARCH 4, 1997

ON NATURALIZATION

✔ To create a comprehensive model to provide outreach, assessment, naturalization preparation, case management, legal services and application assistance for LPR in San Francisco.
  - ☛ To continue advocate for universal coverage and access for everyone regardless of health insurance and immigration status.
  - ☛ To certify DPH physicians as civil surgeons at San Francisco General Hospital and community clinics so as to allow them to make diagnosis and to write letters for disability waivers.
  - ☛ To provide citywide and individual training on disability waivers for DPH physicians and nurse practitioners through the Volunteer Legal Service Program of the Bar Association of San Francisco.
  - ☛ To work with community-based organizations (CBOs) to develop mobile team to provide health services for the homebound.
  - ☛ To continue to advocate San Francisco's responsibility providing health services regardless of immigration status.
  - ☛ To provide free services for the indigent population.
  - ☛ To continue/provide Medi-Cal coverage for the PRUCOL (Permanent Residents Under the Color Of Law) and LPR who arrive in the U.S. after August 22, 1996.
  - ☛ To plan for outreach to the individuals needing pre-natal care and not to shift cost to the consumers. To advocate with other county health offices to do the same.

✔ To involve private individuals and foundations through "Citizenship Challenge 2000" -- a fundraising campaign of the citywide project to establish a fund for the purpose of paying the INS $95 application fee and related costs for fingerprinting and/or picture identification of eligible low income citizenship applicants.

✔ To mobilize the use of in kind resources from the City and County of San Francisco, such as in the areas of medical, public safety and access to government buildings in launching the Citywide Naturalization Project.

ON ADVOCACY

✔ To advocate the retention of eligibility of In-Home Supportive Services (IHSS) for LPR.

✔ To continue advocate with HFCA and the State Department of Health and Human Services to do away with individual Medi-Cal redetermination for LPR losing SSI.

✔ To expand the county managed care plan by allowing everyone to be included in the plan regardless of status.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

8/97

AGENDA

HEALTH COMMISSION MEETING

March 18, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:45 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF MARCH 4, 1997**

3) **CONSENT CALENDAR OF BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **SFGH-Admin.** - Consideration of a supplemental appropriation request for an increase in the Disproportionate Share transfer payment of $40,000,000 for fiscal year 1996-97.

(3.2) **DMS-CSAS** - Request for approval of a multiyear sole source request covering the period of January 1, 1997 through June 30, 1998, for an annualized amount of $400,000, and a retroactive contract with Mount Saint Joseph-Saint Elizabeth's Epiphany Center for Families in Recovery, for the provision of day treatment substance abuse services, in the amount of $200,000 for the period of January 1, 1997 through June 30, 1997.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.).
(Sandra R. Hernández, M.D., Director of Health)

5) **PRESENTATION BY THE PRESIDENT OF THE YOUTH COMMISSION ON THE 2ND ANNUAL BAY AREA PEACE WALKATHON ON MAY 17, 1997**

6) **UPDATE ON FAMILY MOSAIC PROJECT**

7) **PRESENTATION OF THE ANNUAL WOMEN'S HEALTH ADVISORY COMMITTEE REPORT**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 18, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Debra A. Barnes

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 4, 1997

Action Taken: The Commission unanimously adopted the minutes of March 4, 1997.

On behalf of the Commission, President Chow presented a special Certificate of Appreciation to Gail Bolan, M.D., outgoing Director of STD Prevention and Control, who will be leaving the Department to accept a position as STD Controller for the State of California. She has been with our Department for over 10 years.

President Chow announced that the April Health Commission meetings will be changed from April 1, 1997 and April 15, 1997 to April 8, 1997 and April 22, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) **SFGH-Admin.** - Consideration of a supplemental appropriation request for an increase in the Disproportionate Share transfer payment of $40,000,000 for fiscal year 1996-97.

Monique Zmuda, Chief Finance Officer, reported that this transfer has been approved by the City Controller.

(3.2) **DMS-CSAS** - Request for approval of a multiyear sole source request covering the period of January 1, 1997 through June 30, 1998, for an annualized amount of $400,000, and a retroactive contract with Mount Saint Joseph-Saint Elizabeth's Epiphany Center for Families in Recovery, for the provision of day treatment substance abuse services, in the amount of $200,000 for the period of January 1, 1997 through June 30, 1997.

Commissioners emphasized the importance of compliance with the affirmative action policy regarding the Board of Directors composition.

Commissioner Monfredini requested that a status report on this compliance issue be brought back to the Budget Committee in early December 1997.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

MEDI-CAL MANAGED CARE

Enrollment Miscalculation

The San Francisco Health Plan and the Department of Public Health held a joint press conference last Friday to express concern over the State Department of Health Services' miscalculation of the number of mandatory Medi-Cal Managed Care enrollees.

Previously, the State has indicated that there were approximately 52,000 AFDC/Medi-Cal recipients that would be required to enroll into either the San Francisco Health Plan or CaliforniaCare. However, after the main conversion of AFDC recipients from the fee-for-service system to the capitated system -- which occurred earlier this month -- only 38,000 AFDC recipients were enrolled in the plans. The State has admitted that it incorrectly calculated projected enrollment and has revised the mandatory enrollment figure to 38,000. This is a 14,000 person decrease in the number of mandatory enrollees.

The State has been unable to explain how this error occurred. San Francisco is not the only county facing this problem. In total, the State has been unable to account for 500,000 AFDC recipients that were supposed to be mandatorily enrolled.

Both the San Francisco Health Plan and CaliforniaCare made financial projections based on certain enrollment assumptions and minimum/maximum enrollment levels. Given the current enrollment levels, it is unclear how either health plan will be able to spread financial risk adequately to ensure service delivery with a combined enrollment of 38,000. In fact, the feasibility of having a Two-Plan Model in San Francisco is highly questionable. The State's Strategic Plan (issued in April 1993) indicated that counties had to have a minimum of 45,000 beneficiaries in the mandatory categories in order to be selected for participation in the Two-Plan Model. Clearly this criteria has not been met given the State's revised enrollment figures.

Current enrollment for the San Francisco Health Plan is 18,000 and approximately 14,000 for CaliforniaCare. Another 3,900 Medi-Cal beneficiaries are enrolled in Kaiser and PacifiCare. These beneficiaries will be transitioned into the San Francisco Health Plan (SFHP) under arrangements agreed to by the HMOs, the State and the SFHP.

Both health plans are in the process of analyzing the impact of the reduced enrollment. The San Francisco Health Plan estimates that the error could result in $1 million excess cost. With the reduction in mandatory enrollees, it is conceivable that both plans may attempt to market their health plan to voluntary enrollees in order to obtain a sufficient number of plan members.

We will communicate our concerns to HCFA this week. In HCFA's readiness review, it informed the State of its concerns regarding the enrollment process, and the State's lack of communication within the Department of Health Services and contracting health plans.

PROP 187

Mandatory Reporting Ruling

Judge Mariana Pfaelzer (U.S.D.C. - Central California) has ruled that the State does not have the authority to implement Proposition 187's mandatory reporting provisions as a result of the passage of 1996 Welfare Reform Act. DPH has expressed concern that reporting not only violates equal protection, but also impedes our ability to provide necessary health care services to undocumented persons.

The State filed suit asking the Courts to lift the reporting provisions from the current injunction. The Welfare Reform Act allows states to report the immigration status of individuals to the INS. The Court declined to grant the motion. The ruling was based on the fact that the Welfare Reform Act does not require mandatory reporting to the INS, but simply prevents states from enacting laws that prohibit the reporting of immigration status to the Federal government.

WELFARE REFORM

Welfare Reform Act

The Governor submitted a request to extend California's waiver regarding the implementation of Food Stamp changes under the Welfare Reform Act. Under the Act, able-bodied persons ages 18 to 50 without children can receive food stamps for 3 months out of a 3 year period unless they work part-time or are in a welfare-to-work program. California was previously granted a waiver from this requirement in 26 counties where the unemployment rate exceeded 10% (San Francisco was not included in this). The new waiver request extends implementation of the Food Stamps changes for six months in all 58 counties, until August 30, 1997. The waiver is needed to ensure that counties have sufficient time to implement the new federal Food Stamp requirements. The waiver will effect approximately 102,000 who would have been cut off aid as of March 1, 1997. Counties have been asked to delay termination of Food Stamp eligibility until the Federal government responds to this waiver request.

ADMINISTRATION

Nuisance Proposal

Supervisor Susan Leal proposed legislation last month to regulate and abate "nuisance activity" in small businesses. Her proposal calls for DPH to expand health code regulations to cover nuisance abatement and to increase annual inspection fees by $50. Investigation would be coordinated through the Code Enforcement Task Force of the City Attorney's Office, enforcement through DPH. Nuisance activity as defined in the legislation includes, "establishments that are sites of loitering, drug and alcohol abuse, excessive noise, littering, graffiti or other criminal behavior". Currently, the Department can revoke a health permit only if a business fails to meet health inspection standards for cleanliness and safety. The Supervisor hopes to hold hearings on this legislation in April.

Good Neighbor Policy

A second Board of Supervisor's hearing will be held March 27 to consider repeal of the existing Mental Health Site Approval Ordinance (15.7 of the Administrative Code) before the Health Family and Environment Committee.

As stated in the Health Commission's Resolution #16-95, the Health Department operates under a good neighbor policy and provides information to neighborhoods regarding program change or relocation. The Department makes every attempt to accommodate community/neighborhood/ business concerns while at the same time protecting the integrity of the program and the rights of the clients.

In an attempt to clarify and make the policy consistent throughout the Department , DPH developed written guidelines for implementation. These guidelines have been reviewed by Executive Staff and all the Department's contracting associations. They have also been distributed to the Board of Supervisors.

Retrofit of 101 Grove Street Update

The Board of Supervisors approved the proposed lease between the Department and the National Park Service for the LAIR building in the Presidio to house 101 Grove administrative and laboratory services once this building is closed for seismic retrofit. Final approval of the lease is contingent on the approval of the Presidio Trust, once it has been appointed by the President. We have been advised by the Mayor's Office and the Department of the Interior that appointments to the Trust are imminent.

The Department of Real Estate is continuing its search for vacant land in the Tenderloin or South of Market to place medical trailers for the Tom Waddell Clinic. As previously reported, the Bureau of Vital Statistics will be moving to 1155 Market Street, the Contracts Office will relocate to 1380 Howard Street, and selective Disease Control staff will relocate to 25 Van Ness. The retrofit is expected to take approximately 24 months to complete, commencing October 1997 through October 1999. I will keep the Commission informed of any further developments in the citing of the Tom Waddell Clinic, and the final approval of the Presidio lease.

LAGUNA HONDA HOSPITAL

Immigration Issues

Laguna Honda's Department of Social Services is collaborating with other agencies to help institutionalized and homebound seniors with naturalization applications. LHH will conduct training sessions in April. The training will include appropriate completion of applications, and the use of disability waivers for those with mental or physical disabilities.

SAN FRANCISCO GENERAL HOSPITAL

Chief Nurse and Clinical Specialist Honored

John Fazio, M.S., Chief Nurse and Clinical Specialist in the SFGH Emergency Department, has again been honored by the National Emergency Nurses Association. He was chosen to author the neurological trauma chapter for the recently published *Course in Advanced Trauma: A Conceptual Approach*. Additionally, John is a certified instructor for the course and will be presenting it later this year to SFGH's Emergency and Trauma Nurses.

"Chemo Awareness" Canvassing Project

Representatives from the SFGH Medical Staff Substance Abuse Committee and the SFGH Violence Prevention Task Force took part in the "Chemo Awareness" Canvassing Project which occurred throughout the Mission District on March 1,1997. The project, sponsored by various community organizations and spearheaded by Supervisor Leal's office, was targeted towards educating the members of the community about the dangers of inhaling carburetor cleaner to get high. This new recreational drug has become particularly popular with Middle School youth in the Mission District. The volunteers worked in pairs distributing information and answering questions posed by both parents and youth. This is just one of many efforts being advanced by the Chemo Awareness Task Force to help curb the use of this dangerous agent. Staff from both committees will continue to participate in such community efforts.

DHS Recertification Survey of SNF

The Department of Health Services (DHS) concluded the recertification survey of the Distinct Part SNF located on Unit 4-A and the Mental Health Rehabilitation Facility (MHRF). The findings were reviewed at an Exit Conference on March 5, 1997.

No substandard care findings were found during the four and a half day survey. Minor concerns were identified during the chart and facilities review. Corrective actions were taken immediately in the majority areas.

Two concerns will require further effort to address:

1. The DHS evaluators questioned whether the MHRF met the definition of SNF because Pre-admission Screening and Annual Resident Review (PASARR) were not submitted to the State Department of Mental Health for Level II evaluations for the majority of residents. Although required by OBRA, according to documentation from the California Association of Health Facilities and State Department of Mental Health, PASSARR are not required for residents of Institutions of Mental Health since the mental health authority at the county level makes the determination that placement in the SNF is appropriate. Richard Cordova will meet with the Director of the Daly City DHS office to clarify this concern.

2. OBRA regulations require that all acts of abusive behavior be reported to administration immediately and to the Department of Health Services within five (5) working days. Acts of abuse (for example, verbal abuse and violent behavior) are not unexpected in a mental health facility and have been addressed in the MHRF Resident Treatment Plan. The Quality Management Department will work with the MHRF staff and DHS to establish a reporting process.

The MHR, 4A, and Quality Management staff did a terrific job preparing for the survey, which was reflected in the results. I want to congratulate them on their exemplary work. The DHS Evaluators were also impressed and concluded the survey by making a contribution to the resident fund.

Diversion Statistics

Critical Care diversion for the period March 1 through 16, 1997. Critical Care diverted for 6.5% or 24 hours and 50 minutes. The Emergency Department diverted for 2.5% or 9 hours and 35 minutes.

COMMUNITY PUBLIC HEALTH SERVICES

Tobacco Control

At the March 4 Health Commission meeting, you heard a presentation on the status of tobacco control activities in San Francisco. During the course of that presentation, Alyonik Hrushow indicated that the settlement of one of the lawsuits against the State resulted in an additional one-time allocation of tobacco tax dollars to the Department's Tobacco Free Project of approximately $900,000. Although authorization for a continuing grant, including the one-time allocation, has been granted by the Health Commission and the Board of Supervisors through 1998, we believe it is important to report on the program initiatives that will be supported through the one-time allocation.

First, it is important to note that although the funds are allocated in one fiscal year, they can be rolled over into subsequent fiscal years; in short, the one-time allocation does not have to be spent all at once. Second, as Ms. Hrushow indicated in her presentation, the priorities of the State tobacco control program and our Tobacco Free Project are:

- campaigns to make bars smoke-free as of January 1, 1998;
- to reduce children's exposure to second-hand smoke at home; and
- to reduce youth access to tobacco and to enforce existing laws restricting tobacco advertising directed at youth.

The funds made available through the one-time allocation will support those activities by enhancing community capacity building through additional training and technical assistance to community organizations, assisting the Tobacco Free Coalition in its efforts to organize a Town Hall meeting focusing on the global impact of tobacco and underwriting additional advertising and evaluation related to those projects. The only contract modifications over $50,000 supported by the one-time allocation were for additional advertising and evaluation, which have both been approved by the Health Commission.

DIVISION OF MENTAL HEALTH SERVICES

Performance Agreement

Mental Health and San Francisco General Hospital have completed the process for negotiating the Performance Agreement, including Psychiatric Emergency and Inpatient Services. The Performance Agreements will be a model for developing similar agreements by the Public Health Division with the Community Health Network.

Community Vocational Enterprises (CVE)

Community Vocational Enterprises recently received the Achievement in Employment as a Small Business Employer Award from the Mayor's Committee for Employing Disabled Persons. CVE was selected in a vote by the membership which numbers about 500 members. Some of you may be most familiar with the work of CVE through the coffee shop it operates in this building using mental health consumers. This program has been a key component of the Division of Mental Health's efforts to expand vocational opportunities for mental health consumers. We congratulate the staff for a job well done; recognition of the program's achievements is well deserved.

Reduction in Hospital Usage

We recently received the results of community mental health's program efforts to reduce clients' need for hospitalization in FY 1996-97. There was an average reduction of 41% in hospital days used by clients who had been treated in community programs more than six months compared to the number of hospital days used by these same clients for the same period in the prior fiscal year. This outstanding outcome not only means that the use of high cost acute care services for these clients was reduced, but also that the clients did not suffer the amount of disruption in their lives caused by the need for hospitalization. Our thanks to staff excellent work on behalf of the mentally ill.

COMMUNITY SUBSTANCE ABUSE

Treatment Services on Demand

The newly created 40-member Treatment on Demand Planning Council is comprised of treatment providers, consumers, community leaders and relevant City departments that represent the varied treatment populations. In addition to the Council, there is a 30 member group of consultants representing treatment, housing and health care experts.

The Treatment on Demand Planning Council will develop a plan by late May to guide the implementation of "Treatment on Demand". The plan will be reviewed by Advisory Boards, Health Commission, Mayor's Office, and the Board of Supervisors.

Elements of the plan will include:

- identification of unmet needs, new services, treatment modalities and special need populations; epidemiological, demographic, and relevant community data;
- impact of legislation such as welfare reform, SSI, etc.;
- a vision of the "Treatment on Demand" system of services; steps needed to achieve "Treatment on Demand";
- the identification of co-existing and ancillary problems and their solutions;
- outcome evaluation approaches and measures; and,
- ongoing effectiveness monitoring approaches to permit continuous quality improvement.

The Planning Council conducted a public hearing on March 10th at the Local 87 Union Hall on Golden Gate Street and last night at the Mission Cultural Center on Mission Street. The last public hearing is March 24 at the Southeast Community Facility on Oakdale Street.

EPIDEMIOLOGY, DISEASE CONTROL AND AIDS

Implementation of Proposition 215, Medical Marijuana Compassionate Use Act

On February 4, 1997, the Department brought forward to the Commission a resolution on how the Department would implement Proposition 215, known as the Medical Marijuana Compassionate Use Act. As part of the resolution, the Commission encouraged the Board of Supervisors to defend Department of Health physicians who, in the course of good patient care, recommended marijuana to their patients. The Department has worked with the City Attorney to draft such language. Supervisor Bierman has agreed to carry this legislation and it will be heard at the Board of Supervisors' Health, Family and Environment Committee in the near future.

Condom Distribution

Last week, the Health, Family and Environment Committee of the Board of Supervisors held a hearing on condom distribution in bars. As the Commission is aware, the Health Department has been sponsoring condom distribution at 29 community-based sites for several years. The condom distribution program, which is supported by $36,000 of General Funds, provides 150,000 condoms at health centers, hotels, community centers, and sex clubs. Condoms are also distributed at the Health Department's Sexually Transmitted Disease (STD) Clinic, at San Francisco High Schools, at needle exchange sites, and as part of prevention and intervention programs. In addition, this year the Department brought forward, and the Commission passed, a condom distribution program with the community-based agency Stop AIDS to distribute 135,000 condoms to bars in the City. At the hearings, Supervisor Katz expressed her desire have the Department expand its condom distribution program. Staff from the AIDS Office will be working with the Supervisors to broaden this program to include additional bars in San Francisco.

Public Health Training Video Conference

The Association of State and Territorial Public Health Laboratory Directors in conjunction with the Centers for Disease Control is sponsoring a video conference on "Partners for the Future: Exploring Roles of Public Health Laboratories." This program is designed to promote partnerships between public health laboratories and the public health community. The satellite broadcasts will feature keynote speakers including Drs. Bill Roper and C.E. Koop. The objectives of the program include developing strategies for changing laboratory responsibilities within an integrated health care system, building a common understanding of the challenges facing public health laboratories and setting an agenda for the public health laboratory's participation in strategic policy planning and development.

Participation at this conference will be available at the Curry National Tuberculosis Center located at 3180 - 18th Street.

The February statistics are available in the Commission Office.

5) **PRESENTATION BY THE PRESIDENT OF THE YOUTH COMMISSION ON THE 2ND ANNUAL BAY AREA PEACE WALKATHON ON MAY 17, 1997**

Julia Globus-Sabori, President of the Youth Commission, invited the Health Commission to participate in the Second Annual Peace Walkathon, (Attachment A). She emphasized that violence is a public health issue.

Ms. Globus-Sabori reported the following:

The Mission District Community Peace Initiative (CPI), facilitated by the Real Alternatives Program (RAP), is a community collaborative working to reduce violence in the Mission District. CPI, with other Bay Area organizations, is organizing the Second Annual Bay Area Peace Walkathon as fund raiser benefiting various programs serving youth throughout the Bay Area. As so many budget cuts devastate youth programs working to reduce violence, this Peace Walkathon is one way for all of us to unite and support these programs. The theme of this day is to promote respect and appreciation for our differences and to be a celebration of the diversity throughout the Bay Area.

Communities all over the Bay Area have been affected by violence and are searching for ways to address the problem. CPI, with the help of many Bay Area organizations, is organizing this Peace Walkathon to:

1. Raise desperately needed funds for violence prevention programs.
2. Provide youth the opportunity to develop their leadership skills through the experience of mobilizing their communities and organizing this event.
3. Unite people of all colors to send out a powerful message of peace to the Bay Area right before Summer, as violence often rises when youth are out of school.
4. Build off the Walkathon momentum and use some of the funds raised to organize a Bay Area Peace Youth Summit.

The Walkathon will begin and end at the Yerba Buena Gardens located at Third and Mission Streets in San Francisco, on Saturday, May 17, 1997. We chose Yerba Buena because it truly celebrates diversity, is a place that honors people of color in the arts, has a special memorial to Martin Luther King, Jr., and is a neutral and central location for people to come from all over the Bay Area. The schedule would look as follows:

9.30 a.m. - 11:00 a.m.	Registration for walkers
11:00 a.m. - 12 noon	Peace Walkathon (Yerba Buena to Embarcadero and return)
12 noon - 4:00 p.m.	Food, speakers, music, closure.

We are encouraging schools, groups and organizations to develop teams of walkers to benefit the non-profit community service program (including schools) of their choice. All the money raised will be turned into the Bay Area Peace Walkathon, but 90% of the money raised by each group or individual will be returned to the program or organization they have specified. For example, if a school raised $1,000, they will receive $900 in return to fund their programs. Ten percent will be used to cover the costs involved in organizing the event and the event itself, to fund the upcoming Bay Area Peace Youth Summit, and to provide funding for young people working to reduce violence within the Community Peace Initiative.

The Commission thanked Mr. Globus-Sabori for her presentation and encouraged the Commissioners and the Department to participate in this event.

6) UPDATE ON FAMILY MOSAIC PROJECT

Jo Ruffin, Deputy Director for Mental Health, Sai-Ling Chan Sew, Director of Children's Mental Health Services, and Dr. Miriam Martinez, Director of the Family Mosaic Project, presented the history, overview and client outcomes of the Family Mosaic Project, (Attachment B).

Dr. Martinez emphasized the importance of a comprehensive plan of care for each client and the collaborative nature of work with other City Departments.

Commissioners' comments:

- need to expand this model
- this model should be used for all children
- there may still be more high-risk children and youth in need of this program
- concentrated intensive services needed for this high utilization population

Dr. Hernández commented the challenge is how to extend this model to other populations. She emphasized the importance of integrating mental health needs with physical health.

7) PRESENTATION OF THE ANNUAL WOMEN'S HEALTH ADVISORY COMMITTEE REPORT

Bob Prentice, Ph.D., Director of the Public Health Division, and Kate Monico-Klein, the Women's Health Services Coordinator, provided an update on the Department's efforts in the arena of women's health services. As part of the Department's restructuring efforts to implement managed care and to plan for universal health care coverage, the role of women's health and advocacy will be examined. The Department will also clarify and strengthen the relationship between the role of the Women's Health Services Coordinator and the Director of Maternal, Child and Adolescent Health (MCAH), as well as the respective advisory roles of the Women's Health Advisory Committee (WHAC) and the MCAH Advisory Board, to better coordinate the entire continuum of public health and personal health services for all women.

Ms. Monico-Klein introduced members of WHAC:

Judith Hedgpeth
Belma Gonzalez
Diana Taylor
Catherine Dower
Myra Lappin

WHAC was created by a Resolution of the Health Commission in October 1991. It was created to "represent the broad and diverse perspectives of women's needs to assist the Department in understanding these needs ... (and it will serve) as an on-going advisory body to the Department of Public Health with a Department staff liaison assigned to the Committee." WHAC is requested to present a report annually. In 1994, WHAC conducted a series of focus groups among women consumers of health services and issued a report summarizing those findings entitled: *"Restructuring Health Care Delivery: Women-Centered Health Services"* (June 1994). In 1996, WHAC received funding from the San Francisco Foundation to conduct focus groups with providers of women's health services, which resulted in the report being presented today.

Ms. Gonzalez and Ms. Hedgpeth presented the WHAC report, *"From Voices to Action - Conceiving a Model for Women's Wellness."* A copy of the report is available in the Commission Office.

The model is presented as five goals for improving and preserving women's health. In dividing the model into separate components, it is important to recognize the interconnected web that is formed by the essential parts.

No.	Section	Goal
I.	Planning Women's Health Services.	To improve and preserve the health of women by making plans and developing policies for their current and future health and by making women integral to the process.
II	Evaluating Women's Health Services.	To improve and preserve women's health by regularly evaluating their health services against agreed upon standards and by making women integral to the

		development, implementation and evaluation of those standards.
III	Delivering Women's Health Services.	To I improve and preserve women's health by providing high quality, accessible, comprehensive and coordinated health services that are integrated into one system and into the broader community.
IV	Promoting Women's Wellness.	To improve and preserve women's health by inviting women, and their providers, to work as partners to prevent disease and promote wellness.
V	Broadening the Women's Wellness Knowledge Base	To improve and preserve women's health by helping practitioners recognize, and incorporate into their practices, the diverse issues that affect women and their health.

Commissioners Comments:

- excellent, fine report.
- challenge is how to integrate this model into a structure and how to implement this model

Dr. Hernández emphasized the need to focus on wellness and integration of services.

8) OTHER BUSINESS/PUBLIC COMMENTS

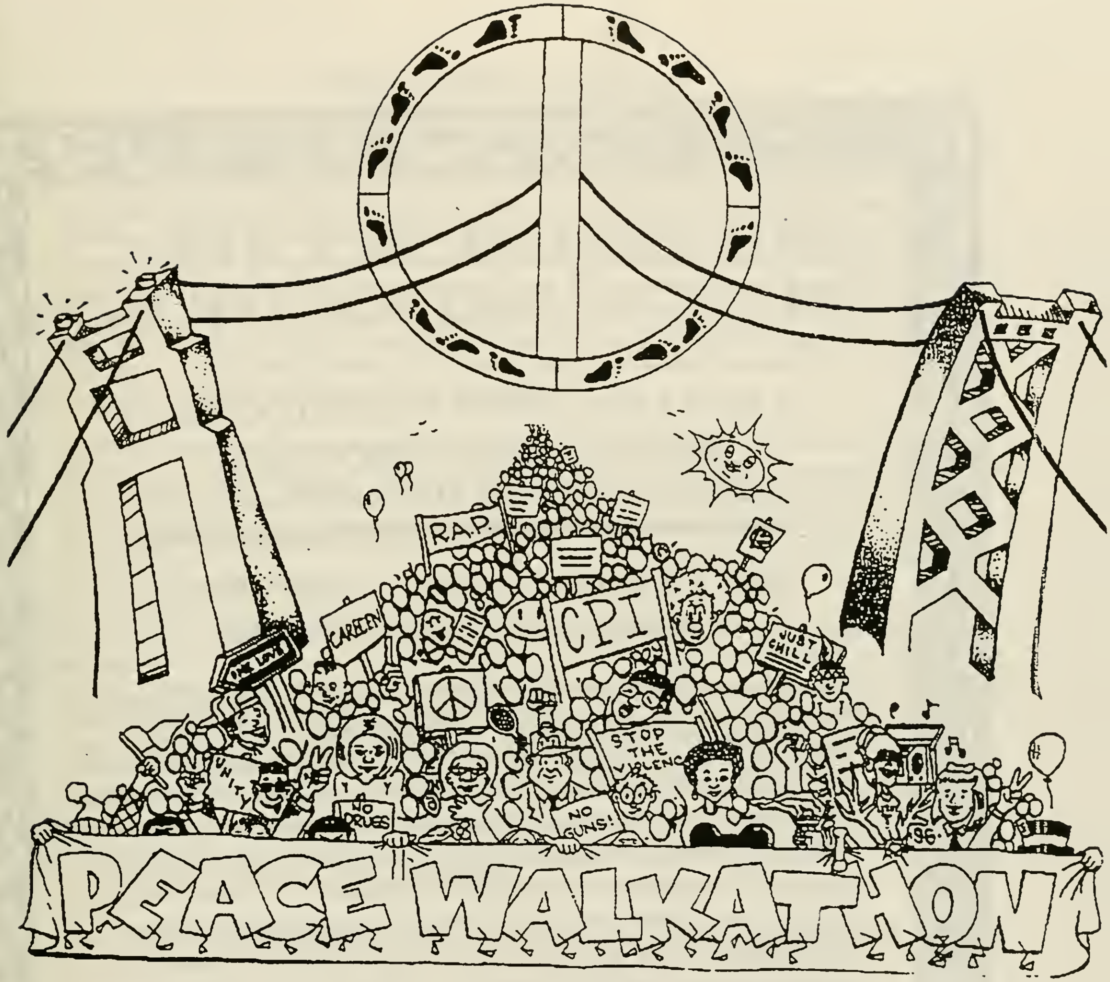
None.

The meeting was adjourned at 4:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)


R.A.P.
CPI
CARTEEN
JUST CHILL
ONE LOVE
UNITY
NO DRUGS
NO GUNS!
STOP THE VIOLENCE
96
PEACE WALKATHON

Be part of the solution by joining us in the

SECOND ANNUAL BAY AREA PEACE WALKATHON

SATURDAY, MAY 17, 1997
YERBA BUENA GARDENS
THIRD AND MISSION IN SAN FRANCISCO

Too many lives have already been lost to street violence. Send a positive message of peace and unity through this event benefiting Bay Area violence prevention programs.

For more information,
call the Community Peace Initiative toll free 1-888-CPI-WALK (274-9255)
or e-mail: missioncpi@igc.apc.org

Attachment A
Page 1 of 2

2ND ANNUAL BAY AREA PEACE WALKATHON

RAISE $ FOR YOUR ORGANIZATION !!!
MAKE A STAND FOR PEACE !!!
ENJOY A DAY OF OUTDOOR FUN !!!

HEALTH FAIR*CULTURAL PERFORMERS* MUSIC*FOOD*INFO BOOTHS

Last year the Bay Area Peace Walkathon raised over $33,000 and benefited 56 agencies & organizations throughout the Bay Area. We were fortunate to enjoy great success in our inaugural event with over 2,500 participants and extensive media coverage. This year we are hoping to double the number of participants and money raised. We are inviting your organization to become part of the solution by joining us in making this another successful day. We would like to set up a time where we can do a detailed presentation and answer any questions. We will try to make follow up calls to as many organizations as possible, but we do ask that you take some initiative, as we will be extremely busy, and call us to arrange a time to meet. Please call us @ 1-888-CPI-WALK (1-888-274-9255).

Hope to hear from you soon! Thanks in advance!

FAMILIY MOSAIC PROJECT

The Family Mosaic Project is one of eight national demonstration sites originally funded in 1990, in part, by the Robert Wood Johnson Foundation Mental Health Services Program for Youth Initiative. It receives technical assistance from the Washington Business Group on Health. In 1994, a capitation contract with the California Department of Health allows Family Mosaic to enroll MediCal recipients in a pre-paid health plan, consolidating the Fee-For-Service and the Short-Doyle funding streams, for the target population. This contract enables the county to create a publicly-managed managed care system to provide mental health and wrap-around services to the most needy and seriously emotionally disturbed children in the city and county of San Francisco.

The Family Mosaic Project served 689 seriously emotionally disturbed clients and their families from December 3, 1990 through January 27, 1997. Currently, the program serves as the Single Point of Responsibility for the Child, Adolescent & Family Section of the Division of Mental Health Services. Its caseload includes 217 clients and their families (138 in FMP, 40 in Sub-Acute, and 39 in Day Treatment). Of this, 174 are capitated (90 in FMP, 38 in Sub-Acute and 38 in Day Treatment).

The Family Mosaic Project accesses these flexible capitation funds to pay for mental health care and other wrap-around services. Services offered include the following: individual psychotherapy, day treatment, tutoring, in-home respite care, mentoring, family preservation, family therapy and mediation, health education, recreational activities. shelter care and medication support. Preliminary outcome studies suggest that children enrolled in Family Mosaic for one year showed a decrease in hospitalizations and incarcerations accompanied by an increase in school attendance and performance. In terms of cost savings across all child serving agencies, Family Mosaic Project serves children and youth in the community at a fraction of the cost of out-of-home placement in residential treatment facilities. The savings per child per year is approximately $90,000.

Family Mosaic has pioneered numerous innovative managed care and system of care concepts since its inception. The following are some of its major accomplishments to date:

System Level Accomplishments:

1. Successful in creation and implementation of a publicly managed, capitated health plan, with risk sharing arrangement, to provide mental health and wrap-around services for eligible enrollees.

2. Successful in piloting numerous managed care infrastructure, including: authorization and re-authorization for services, tracking of cost per client per month, tracking of client outcome, utilization review of high and low users, peer review, quality improvement focus studies, credentialling of providers, recruitment of traditional and non-traditional service providers, electronic record keeping and creation of procedures for accounting, contracting, claims payment, customer relations and provider relations for a pre-paid health plan.

3. Successful in building in evaluation component to measure client outcome and system outcome

4. Successful in involving other key child serving agencies, such as Department of Juvenile Probation, San Francisco Unified School District, Department of Human Services and Division of Public Health, in collaboration, referral and joint case management of the most needy children in the city of San Francisco.

5. Successful in recruiting culturally competent staff to offer culturally competent services to the diverse population of the city.

6. Successful in using plan of care as a comprehensive assessment and treatment planning tool to create integrated service plans for clients.

7. Successful in piloting the use of flexible funding to support wrap-around services. This allows service dollars to be client-centered and client-directed.

Client-Level Accomplishments:

1. Reduction of out-of-home placements for the children and youth in the city. The number of children and youth placed in out-of-home placement through AB3632 decreased from a high of 42 in 1989 to that of 16 in 1994.

2. Decrease in involuntary psychiatric hospitalization by 50% in Family Mosaic clients, when comparing clients in the year prior to and the year following enrollment in the program.

3. Decrease in criminal justice offenses among Family Mosaic clients. Over 62% of offending Family Mosaic youth with at lease one year post-service did not commit a further offense during the first year following services. The average number of pre-Family Mosaic offenses was 1.23 per youth while the average number of post Family Mosaic offenses was .74.

4. Family Satisfaction Survey indicated that 82% of parents see Family Mosaic as an improvement over previous service delivery systems.

City and County of San Francisco

HEALTH COMMISSION
Department of Public Health

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PUBLIC NOTICE

HEALTH COMMISSION MEETINGS

The Health Commission meetings for the month of April will be changed:

From: **April 1, 1997 and April 15, 1997**

To: **April 8, 1997 and April 22, 1997**

Time: **3:00 p.m.**

Place: **101 Grove Street, Room #300**
San Francisco, CA 94102

For further information, call Sandy Mori at 554-2666.

415) 554-2666 101 Grove Street, Room #311 San Francisco, CA 94102

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

20

/8/97

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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AGENDA

HEALTH COMMISSION MEETING

April 8, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF MARCH 18, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a status report on the contract with Bay Area Addiction Research and Treatment (BAART), in the amount of $3,416,675/fourth year, to provide methadone maintenance and substance abuse treatment services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with BAART for services totaling $3,339,909 during FY 1995-96).

(3.2) Presentation of the seven-month Review of Revenues and Expenditures for the Department of Public Health FY 1996-97.

(3.3) **CSAS - Administration** - Consideration of a resolution authorizing the Department of Public Health, Community Substance Abuse Services to enter into an amended hold harmless Medi-Cal agreement retroactive to July 1, 1995 for the term of July 1, 1995 through June 30, 1996 with the State of California, Department of Alcohol and Drug Programs in the amount of $5,393,947 as a condition of receiving State Medi-Cal funds for substance abuse treatment. This technical adjustment is consistent with the final 1995/96 CSAS budget.

(3.4) **DMS-CMHS** - Renewal contract and retroactive approval with Edgewood Children's Center (ECC) in the amount of $1,286,684 to provide Day Treatment Services, Subacute Day Treatment,

Respite Program, School-based Intervention Programs, Day Treatment Habilitative Services, Special Education Partnership (SED) Programs and EPSDT Program for the period of July 1, 1996 through June 30, 1997. (DPH contracted with ECC for services totaling $1,500,411 during FY 1995-96).

(3.5) Resolution authorizing the extension of contracts for Mental Health, Substance Abuse, and Public Health and AIDS related services, expiring on June 30, 1997 for six months until the renewal contracts, effective July 1, 1997, can be negotiated, developed, processed and certified.

(3.6) **DMS-CMHS** - Request for approval to apply for retroactively, and accept and expend a renewal grant in the amount of $316,776 from the U.S. Department of Housing and Urban Development for the provision of supportive services and housing to mentally disabled clients for the period of January 1, 1997 through December 31, 1997.

(3.7) **DMS-CMHS** - Request to apply for retroactively, and accept and expend a renewal grant in the amount of $503,717 from the U.S. Department of Housing and Urban Development for the provision of supportive services and housing to mentally disabled clients for the period of October 1, 1996 through September 31, 1998.

(3.8) **CHS-AIDS** - Request for approval to accept and expend contractual funding of $120,463 from Public Health Foundation Enterprises, Inc. to conduct a Phase II preventive HIV vaccine trial.

(3.9 **CHS-AIDS** - Request for retroactive approval of the following contractors for services funded by the federal Comprehensive AIDS Resources Emergency (CARE) Act, for the periods of April 1, 1997 through February 28, 1998 (11 months) for CARE Title I funds and April 1, 1997 through March 31, 1998 (12 months) for CARE Title II funds. These services and amounts have been reviewed and approved by the Mayor's HIV Health Services Planning Council.

	Agency	Amount
1.	**AIDS Benefits Counselors.**	**$201,014**
2.	**AIDS Emergency Fund.**	**$515,526**
3.	**AIDS Legal Referral Panel.**	**$184,206**
4.	**American College of Traditional Chinese Medicine.**	**$279,276**
5.	**The ARK of Refuge.**	**$258,940**
6.	**Baker Places.**	**$1,336,804**
7.	**Bar Association of San Francisco.**	**$71,379**
8.	**Bay Area Young Positives.**	**$56,870**
9.	**Bayview Hunter's Point Foundation.**	**$168,883**
10.	**Black Coalition on AIDS.**	**$325,640**
11.	**Catholic Charities.**	**$1,292,562**
12.	**Chemical Awareness & Treatment Services, Inc.**	**$594,041**
13.	**Coming Home Support Services.**	**$54,364**
14.	**Continuum HIV Day Services.**	**$234,476**

	Agency	Amount
15.	CPMC/Visiting Nurses and Hospice.	$1,913,065
16.	Dolores Street Community Center.	$204,388
17.	Family Service Agency of San Francisco.	$198,297
18.	Family Support Services of the Bay Area.	$190,259
19.	Filipino Task Force on AIDS.	$87,654
20.	GAPA Community HIV Project/API Wellness Program	$230,529
21.	Glide Foundation.	$106,566
22.	Golden Gate Community/Bridge for Kids.	$84,953
23.	Haight Ashbury Free Medical Clinics, Inc.	$1,087,699
24.	Home Care Companions.	$43,417
25.	Immune Enhancement Project.	$205,029
26.	Informatix.	$208,408
27.	Instituto Familiar de la Raza.	$287,947
28.	Iris Center.	$336,391
29.	Larkin Street Youth Center.	$517,398
30.	Legal Services for Children.	$175,005
31.	Lutheran Social Services.	$1,403,762
32.	Lyon Martin Women's Health Services.	$180,180
33.	Maitri AIDS Hospice.	$52,305
34.	Marin County.	$1,513,482
35.	Mission Neighborhood Health Center.	$94,354
36.	National Task Force on AIDS Prevention.	$250,195
37.	National Task Force on AIDS Prevention/Native American AIDS Proj.	$228,814
38.	Operation Concern/18th Street Services (New Leaf).	$376,783
39.	Project Open Hand.	$1,227,193
40.	Quan Yin Healing Arts Center.	$116,716
41.	Rose Resnick Center for the Blind and Visually Impaired.	$47,355
42.	Saint Mary's Medical Center.	$683,254
43.	Salvation Army/Harbor Light Center.	$372,174
44.	Salvation Army/Senior Meals and Activities Program.	$63,602
45.	San Francisco AIDS Foundation.	$1,486,739
46.	San Francisco Community Clinic Consortium.	$766,981
47.	SFDPH CSAS.	$229,167
48.	SFDPH Community Public Health Services (CPHS).	$276,825

	Agency	Amount
49.	SFDPH CPHS Primary Care.	$2,339,007
50.	SFDPH CPHS Multi-Diagnosis Program at Health Center #1.	$253,825
51.	SFDPH CPHS Public Health Laboratory TB Screening.	$57,537
52.	SFDPH Forensics Services.	$291,346
53.	SFDPH CMHS Mental Health Case Management.	$587,147
54.	SFDPH CMHS.	$318,934
55.	SFDPH San Francisco General Hospital.	$2,316,587
56.	San Francisco Food Bank.	$141,336
57.	San Francisco Suicide Prevention.	$98,802
58.	San Mateo County.	$2,285,783
59.	Shanti Project.	$456,028
60.	The Support Center.	$689,286
61.	Tenderloin AIDS Resource Center.	$137,379
62.	UCSF/AIDS Health Project.	$1,213,608
63.	UCSF/Center on Deafness.	$71,896
64.	UCSF/Pediatric AIDS Program.	$207,196
65.	UCSF/Substance Abuse Services.	$643,923
66.	UCSF/ Women's Specialty Clinic.	$203,500
67.	University of the Pacific/School of Dentistry.	$1,020,800
68.	Walden House.	$1,596,023
69.	Westside Community Mental Health Clinic.	$315,843

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Anne Kronenberg, Acting Director of Health)

5) **PRESENTATION BY SUPERVISOR LELAND YEE ON THE CONCEPT OF ONE-STOP SERVICE CENTERS FOR CHILDREN AND YOUTH**

6) **PRESENTATION OF THE 1997 HIV PREVENTION PLAN**

7.A) **PRESENTATION OF A STATUS REPORT AND IMPLICATIONS REGARDING CHANGES IN THE STATE OFFICE OF FAMILY PLANNING**

7.B) **CONSIDERATION OF A SUPPLEMENTAL APPROPRIATION IN THE AMOUNT OF $178,233 FOR THE DEPARTMENT OF PUBLIC HEALTH, COMMUNITY HEALTH SERVICES DIVISION, TO FUND THE STATE REIMBURSED FAMILY PLANNING HEALTH ACCESS PROGRAM**

8) OTHER BUSINESS/PUBLIC COMMENTS*

9) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A. Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11.

1) Conference with Legal Counsel: Consideration of a proposed settlement in the amount of $40,000 for the litigation of Rita Louise Koester v. CCSF et all, Superior Court #974-800.

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose action taken or discussions held in closed session.

Motion: The Health Commission finds that it is in the best interest of the public (not) to disclose its closed session deliberation.

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

/8/97

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, April 8, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Debra A. Barnes Commissioner Roma P. Guy, M.S.W.

President Chow welcomed newly-appointed Commissioner Ron Hill. Commissioner Hill is the Practice Manager of a dental office and has been a volunteer for many AIDS-related service organizations.

President Chow announced the Commission's appointment of Ms. Norma Hotaling to the Adult Detention Advisory Committee. Ms. Hotaling is the Executive Director of SAGE (Standing Against Global Exploitation), which coordinates services for women and girl survivors of sexual exploitation and violence. She was a presenter at the Health Summit and has been working with the Department on issues around women's health, AIDS, and jail services.

2) APPROVAL OF MINUTES OF THE MEETING OF MARCH 18

Action Taken: The Commission unanimously adopted the Minutes of March 18, 1997, 16 including a typographical correction on page 9.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Consideration of a status report on the contract with Bay Area Addiction Research and Treatment (BAART), in the amount of $3,416,675/fourth year, to provide methadone maintenance and substance abuse treatment services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with BAART for services totaling $3,339,909 during FY 1995-96).

> Commissioner Monfredini commended BAART for its efforts towards compliance to the affirmative action policy of its Board of Directors.

(3.2) Presentation of the seven-month Review of Revenues and Expenditures for the Department of Public Health FY 1996-97.

> Ms. Zmuda will bring the third quarterly report to the Budget Committee before July.

(3.3) **CSAS - Administration** - Consideration of a resolution authorizing the Department of Public Health, Community Substance Abuse Services to enter into an amended hold harmless Medi-Cal agreement retroactive to July 1, 1995 for the term of July 1, 1995 through June 30, 1996 with the State of California, Department of Alcohol and Drug Programs in the amount of $5,393,947 as a condition of receiving State Medi-Cal funds for substance abuse treatment. This technical adjustment is consistent with the final 1995/96 CSAS budget.

(3.4) **DMS-CMHS** - Renewal contract and retroactive approval with Edgewood Children's Center (ECC) in the amount of $1,286,684 to provide Day Treatment Services, Subacute Day Treatment, Respite Program, School-based Intervention Programs, Day Treatment Habilitative Services, Special Education Partnership (SED) Programs and EPSDT Program for the period of July 1, 1996 through June 30, 1997. (DPH contracted with ECC for services totaling $1,500,411 during FY 1995-96).

> Commissioner Monfredini emphasized the importance of the contractor to continue the diversity of its Board and to minimize the retroactivity of the contract in the future.

(3.5) Resolution authorizing the extension of contracts for Mental Health, Substance Abuse, and Public Health and AIDS related services, expiring on June 30, 1997 for six months until the renewal contracts, effective July 1, 1997, can be negotiated, developed, processed and certified.

> Commissioner Monfredini abstained on the CPMC-VNH contract due to conflict of interest. Commissioner Sanchez abstained on all of the U.C. contracts due to conflict of interest.

(3.6) **DMS-CMHS** - Request for approval to apply for retroactively, and accept and expend a renewal grant in the amount of $316,776 from the U.S. Department of Housing and Urban Development for the provision of supportive services and housing to mentally disabled clients for the period of January 1, 1997 through December 31, 1997.

(3.7) **DMS-CMHS** - Request to apply for retroactively, and accept and expend a renewal grant in the amount of $503,717 from the U.S. Department of Housing and Urban Development for the provision of supportive services and housing to mentally disabled clients for the period of October 1, 1996 through September 31, 1998.

(3.8) **CHS-AIDS** - Request for approval to accept and expend contractual funding of $120,463 from Public Health Foundation Enterprises, Inc. to conduct a Phase II preventive HIV vaccine trial.

This item was deferred to the full Commission.

(3.9 **CHS-AIDS** - Request for retroactive approval of the following contractors for services funded by the federal Comprehensive AIDS Resources Emergency (CARE) Act, for the periods of April 1, 1997 through February 28, 1998 (11 months) for CARE Title I funds and April 1, 1997 through March 31, 1998 (12 months) for CARE Title II funds. These services and amounts have been reviewed and approved by the Mayor's HIV Health Services Planning Council.

	Agency	**Amount**
1.	AIDS Benefits Counselors.	$201,014
2.	AIDS Emergency Fund.	$515,526
3.	AIDS Legal Referral Panel.	$184,206
4.	American College of Traditional Chinese Medicine.	$279,276
5.	The ARK of Refuge.	$258,940
6.	Baker Places.	$1,336,804
7.	Bar Association of San Francisco.	$71,379
8.	Bay Area Young Positives.	$56,870
9.	Bayview Hunter's Point Foundation.	$168,883
10.	Black Coalition on AIDS.	$325,640
11.	Catholic Charities.	$1,292,562
12.	Chemical Awareness & Treatment Services, Inc.	$594,041
13.	Coming Home Support Services.	$54,364
14.	Continuum HIV Day Services.	$234,476
15.	CPMC/Visiting Nurses and Hospice.	$1,913,065
16.	Dolores Street Community Center.	$204,388
17.	Family Service Agency of San Francisco.	$198,297
18.	Family Support Services of the Bay Area.	$190,259
19.	Filipino Task Force on AIDS.	$87,654
20.	GAPA Community HIV Project/API Wellness Program	$230,529
21.	Glide Foundation.	$106,566
22.	Golden Gate Community/Bridge for Kids.	$84,953
23.	Haight Ashbury Free Medical Clinics, Inc.	$1,087,699
24.	Home Care Companions.	$43,417
25.	Immune Enhancement Project.	$205,029
26.	Informatix.	$208,408

27.	Instituto Familiar de la Raza.	$287,947
28.	Iris Center.	$336,391
29.	Larkin Street Youth Center.	$517,398
30.	Legal Services for Children.	$175,005
31.	Lutheran Social Services.	$1,403,762
32.	Lyon Martin Women's Health Services.	$180,180
33.	Maitri AIDS Hospice.	$52,305
34.	Marin County.	$1,513,482
35.	Mission Neighborhood Health Center.	$94,354
36.	National Task Force on AIDS Prevention.	$250,195
37.	National Task Force on AIDS Prevention/Native American AIDS Proj.	$228,814
38.	Operation Concern/18th Street Services (New Leaf).	$376,783
39.	Project Open Hand.	$1,227,193
40.	Quan Yin Healing Arts Center.	$116,716
41.	Rose Resnick Center for the Blind and Visually Impaired.	$47,355
42.	Saint Mary's Medical Center.	$683,254
43.	Salvation Army/Harbor Light Center.	$372,174
44.	Salvation Army/Senior Meals and Activities Program.	$63,602
45.	San Francisco AIDS Foundation.	$1,486,739
46.	San Francisco Community Clinic Consortium.	$766,981
47.	SFDPH CSAS.	$229,167
48.	SFDPH Community Public Health Services (CPHS).	$276,825
49.	SFDPH CPHS Primary Care.	$2,339,007
50.	SFDPH CPHS Multi-Diagnosis Program at Health Center #1.	$253,825
51.	SFDPH CPHS Public Health Laboratory TB Screening.	$57,537
52.	SFDPH Forensics Services.	$291,346
53.	SFDPH CMHS Mental Health Case Management.	$587,147
54.	SFDPH CMHS.	$318,934
55.	SFDPH San Francisco General Hospital.	$2,316,587
56.	San Francisco Food Bank.	$141,336
57.	San Francisco Suicide Prevention.	$98,802
58.	San Mateo County.	$2,285,783
59.	Shanti Project.	$456,028
60.	The Support Center.	$689,286
61.	Tenderloin AIDS Resource Center.	$137,379
62.	UCSF/AIDS Health Project.	$1,213,608

63.	UCSF/Center on Deafness.	$71,896
64.	UCSF/Pediatric AIDS Program.	$207,196
65.	UCSF/Substance Abuse Services.	$643,923
66.	UCSF/ Women's Specialty Clinic.	$203,500
67.	University of the Pacific/School of Dentistry.	$1,020,800
68.	Walden House.	$1,596,023
69.	Westside Community Mental Health Clinic.	$315,843

Commissioner Monfredini abstained on the CPMC-VNH contract due to conflict of interest. Commissioner Sanchez abstained on all of the U.C. contracts due to conflict of interest.

*Public Speaker: Andrea Staples, SEIU Local 790, expressed concern for the quality of care at CPMC/VNH.

*Ms. Staples made her comments after the vote had been taken on #3.9.

Action Taken: The Commission (Chow, Monfredini, Hill, Parker, Sanchez) approved #3.1, 3.2, 3.3, 3.4, 3.6 and 3.7.

The Commission (Chow, Monfredini, Hill, Parker, Sanchez) approved #.3.5, with Commissioner Monfredini abstaining only on the CPMC-VHN contract and Commissioner Sanchez abstaining only on all of the U.C. contracts.

The Commission (Chow, Monfredini, Hill, Parker, Sanchez) approved #3.9, with Commissioner Monfredini abstaining only on the CPMC-VNH contract and Commissioner Sanchez abstaining only on all of the U.C. contracts.

Contracts #47-55 under #3.9 are listed for information purposes only. The Commission does not vote on these Department contracts.

(3.8) **CHS-AIDS** - Request for approval to accept and expend contractual funding of $120,463 from Public Health Foundation Enterprises, Inc. to conduct a Phase II preventive HIV vaccine trial.

Deputy City Attorney, Jean Fraser, requested the contract to reflect more accurately the extent of the City's projected involvement in the project. Specifically, the contract has a longer term (April 2, 1997 through September 29, 1999), and a higher budget ($405,741) than indicated on the agenda.

Action Taken: The Commission (Chow, Monfredini, Hill, Parker, Sanchez) approved the contract and adopted Resolution #12-97, "Authorizing the Director of Health to Enter Into a Contract with Public Health Foundation Enterprises, Inc. to Engage in a Preventive HIV Vaccine Efficacy Trial," (Attachment A).

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

CENTRAL ADMINISTRATION

Director's Report Format

The Director's Report has a new look to reflect the Department's recent reconfiguration. The Director's Report will now be organized by DPH's three Divisions: Central Administration, the Community Health Network and Public Health. In the future, additional sub-categories may be added to each Division. Items dealing with Federal, State or budgetary impact will appear under the section identified as Central Administration.

President's Commission on Consumer Protection and Quality in the Healthcare Industry

As the Commission, I think is aware, I was recently appointed to President Clinton's Commission on Consumer Protection and Quality in the Healthcare Industry (CCPQHI). I attended his press briefing announcing the Commission last week. The commitment of the next year will be approximately a meeting a month, the dates and times of which have yet to be confirmed. You know, the Department remains concerned with both maintaining and documenting quality not only in our own services, but throughout the San Francisco area.

Another major responsibility of the CCPQHI will be to enhance consumer participation and consumer knowledge in the healthcare marketplace. This, too, continues to be a major responsibility of the Department of Public Health. The recent conversion of MediCal/AFDC beneficiaries into managed care went exceptionally well in San Francisco, due in large part to the tremendous effort of advocates, community providers, the Health Department staff and the San Francisco Health Plan. In addition the CCPQHI will be charged with monitoring and advising the Clinton Administration as Congress considers various pieces of legislation related to safety and quality in the current healthcare arena. I will continue to keep you advised of the work of this Commission and thank you in advance for giving me the opportunity to serve on it.

UC's Commission on the Future of Medical Education

As the Commission is aware, I am also currently serving on the University of California's Commission on the Future of Medical Education. This Commission is nearing completion of its report and recommendations to U.C. President, Dick Adkins. Over the last two days significant discussion among the Commission took place at Asilomar with regard in particular to the three missions of the University, including teaching, research and their clinical enterprise. A major focus of the recommendations will likely be in regard to the distribution and number of both undergraduate and graduate medical training positions the University provides. As we have reported previously to you and as per our Affiliation Agreement with the University, we are continuing to work on this very issue at San Francisco General Hospital. I am encouraged by the convergence of understanding the important roll of academic medical centers, as well as their relationship to county public hospitals in fulfilling our respective missions.

When the report is finalized I will make it available to you.

Update of Contracts Streamlining Process

The Department has implemented many of the recommendations of our Contract Streamlining Plan as presented to the Health Commission this winter. To date, the Department has processed 290 contracts in this fiscal year and I am pleased to report that the number of retroactive contracts remaining to be processed has been significantly reduced. At the current time, in the AIDS Office, there are only nine contracts retroactive to January 1997. In Mental Health, there is one contract still outstanding which is retroactive to July. In Substance Abuse, all contracts have been processed. However, five performance agreements for "DUI" services (which do not involve payments or funds from the Department) are pending and will be processed in the near future. In Public Health, one contract remains retroactive to July, and two are retroactive since October 1996. In the Community Health Network, one contract is pending, retroactive since July. Taken together, only 14 out of 304 contracts are still outstanding. The Department anticipates that these contracts will be processed within the next month.

For the next contracting cycle, the Department's goal is to have all contracts completed within the first quarter of the funding cycle, with the majority of contracts processed by the first month of the beginning of the funding cycle.

In order to accomplish this objective, the Department has implemented the following improvements:

Establishment of multiyear contracts
Development of consolidated contracts
Establishment of performance standards for contractors and staff
Cash flow improvements
Standardization of monitoring procedures
Development of contract process evaluation procedures
Analysis of workload and development of process to equalize workload
Request for additional staff as needed to expedite contract processing.

The Department appreciates and acknowledges the interest and support of the Health Commission in this important operational area of our Department. We will continue to monitor our progress and report the status of our contracts as we enter into the new contracting cycle.

Federally Qualified Health Centers

I am extremely pleased to report the Department of Public Health's Primary Care Network has been guaranteed prospective FQHC certification in a letter recently received from HHS. The Department's primary care sites will receive continued certification under the San Francisco Community Clinic Consortium's Health Care for the Homeless grant. The approval was granted by the Bureau of Primary Care within the Department of Health and Human Services. As a result of this action, the Department will not be required to submit a FQHC look-a-like application. The Department would like to thank John Gressman, Executive Director of the San Francisco Community Clinic Consortium, and his staff, for their invaluable support. In addition, I would like to acknowledge Bob Prentice, Fred Milligan and Joanne Kimata from the Department who worked on the application.

Medi-Cal Managed Care

The Department continues to work with the State Department of Health Services on the enrollment miscalculation. As of this month, the San Francisco Health Plan has 24,550 enrolled Medi-Cal beneficiaries; CaliforniaCare has 14,824.

The State has offered the following reasons to explain the enrollment reduction:

- reclassification of certain beneficiaries from the mandatory to voluntary enrollment categories (1.5% reduction),
- exclusion of some mandatory beneficiaries from managed care enrollment (1.5% - 2.5% reduction),
- people who are eligible for Medi-Cal for a short period of time and never become managed care enrollees (4% - 5% reduction), and

- new beneficiaries who have a set amount of time to enroll in a health plan (5% - 7% reduction).

For fiscal year 1997-98, the State estimates that the average monthly number of Medi-Cal managed care enrollees will be 36,010 in San Francisco. It is still unclear how the enrollment reduction will effect the minimum and maximum enrollment levels established by the State. As you may recall, the State established a minimum enrollment level for local initiatives and a maximum enrollment level for commercial plans.

We are working closely with the State, HCFA, the San Francisco Health Plan and CaliforniaCare to discuss the most appropriate manner in which to structure a managed care system in light of the enrollment reduction.

Welfare Reform - Benefits

U.S. District Court Judge Lawrence Karlton has blocked the State's effort to impose a reduced welfare grant for persons who relocate to California. Current law states that any person who resides in California for less than one year and applies for welfare benefits will receive the same grant amount that they would have received in their prior State. The law assumes that families move cross country to receive higher benefits in other States. In 1993 the law was declared unconstitutional, but was allowed to go into effect. The law clearly impedes a citizen's ability to freely travel from one State to another. The decision is in effect until the hearing on the preliminary injunction -- scheduled for May 16, 1997.

Elimination of Public Benefits to Undocumented Residents

In late March 1997, Governor Wilson unveiled his list of public benefits which he wants discontinued for undocumented residents. This is essentially the second stage of the Governor's Executive Order (W-135-96) which instructed all State agencies to implement provisions of the Welfare Reform Act related to undocumented residents.

The Governor has identified over 200 public benefits to be discontinued. In health they include: CHIP, BCCCP, primary care, children's dental disease prevention, services to pregnant and parenting teens, educational services to boys and young men, Alzheimer's Disease Program, long-term care (except for existing clients), health care services to seniors and others.

The Governor is proposing to continue the following services to undocumented residents (both current and future). Most of the services relate to public safety. No residency screening would be done for persons seeking these following services:

- Victims Witness Assistance Program
- Rape Crisis Centers
- Child Protective Services
- Child Health and Disability Prevention
- Persons committed to State developmental centers

The Governor is also proposing "transitional" services in five other programs. Only current undocumented residents would receive services -- not future undocumented residents. The Governor will attempt to identify alternative funding sources or assist these undocumented residents in returning home. The services are:

- In-Home Supportive Services
- California Children's Services
- Genetically Handicapped Persons Program
- Long-Term Care
- Persons in State developmental centers

The Governor also indicated that California will report undocumented residents quarterly and at the request of the INS. The Governor clearly believes the Welfare Reform Act supersedes Judge Pfaelzer's recent decision on this issue.

No definitive dates were provided for eliminating any service. State agencies and localities have not been instructed to discontinue services at this time. Over the next several weeks, the Administration will propose legislation and State agencies will submit regulatory changes to enact . We will closely monitor this process. The Department will work with our State legislative delegation in addition to working with the Legislature's Welfare Reform Committee.

The Department continues to take the position that preventative and acute care services should be available to all the uninsured and underinsured residents of San Francisco, and should not be based on one's immigration status.

County Health Care Funding

The Governor has issued a press release indicating that the "poison pill" component of the State-County realignment legislation will not be automatically triggered as a result of the State's Supreme Court ruling in *San Diego v. California*. The poison pill provision would have cut off approximately $900 million to counties providing indigent health care services. The provision may be put into effect pending the Commission on State Mandates determination on how much San Diego will be reimbursed.

COMMUNITY HEALTH NETWORK

AB 1040 Long Term Care Integration Planning Process Commences

Today, the Rules Committee of the Board of Supervisors approved 9 of its 12 appointments to the Long Term Care Pilot Project Task Force. The 27-member body consisting of consumers, providers, public agencies and other interested parties will meet for the first time April 18th. Anthony Wagner and Jennie Chin Hansen, Executive Director of On Lok Senior Health Services, co-chair this planning group.

LHH Participates in NNEHES Study

LHH participated in the National Nursing Home Expenditure Study (NNHES) conducted for the U.S. Public Health Service. This information is helping the Public Health Service better understand the medical care usage and expenditures of nursing home residents. These issues are central in the present general climate of debate about health care policy. America's aging population brings implications for continued rapid growth in the number of people who will need long-term care services in the near future. Research using data from this study will enable assessment of how changes in the Medicare and Medicaid programs would affect both the people who receive long-term care and those who provide such care.

Community Clinic Consortium Award

I am pleased to report that the San Francisco Community Clinic Consortium and its ten member clinics were the recent recipients of the Primary Care Achievement Award through a program jointly administered by the Center for the Health Professions and the U.S. Public Health Service, and funded by the Pew Charitable Trusts. The awards are granted for outstanding contributions in primary care provision, research and education.

As you know, several of the member clinics of the San Francisco Community Clinic Consortium are contracting partners with the Community Health Network for purposes of participating in Medi-Cal Managed Care. They have also been active in a statewide coalition that was convened to propose alternatives to the State's method of incorporating Federally Qualified Health Centers into managed care.

As you recall, DPH recently formed a Primary Care Council, co-chaired and staffed by the Consortium and the Department, as a citywide effort to strengthen and more thoughtfully develop primary care in San Francisco. We congratulate our partners at the San Francisco Community Clinic Consortium for their recent recognition, and we look forward to our continuing collaboration.

The Tobacco Free Project

I am please to report the Tobacco Free Project has received an Addy Advertising Award for its campaign to challenge attempts by the tobacco industry to glamorize cigar-smoking. As you might recall, a recent television spot that cast cigar smoking in a particularly unfavorable light generated a lot of controversy. We join the American Advertising Awards competition in congratulating the Tobacco Free Project staff for their achievements.

San Francisco General Hospital Staff Recognition

San Francisco General Hospital presented five posters on various subjects at the Seventh Annual Medical Surgical Nursing Conference. Posters are used at conferences to present staff projects, new ideas, research, and other innovations for meeting patient needs.

The following staff were honored with recognition for their efforts:

Sheryl Calson, CNS	Tracheotomy Care Project	Third Place
Geri Berkvam	Guidelines for Teaching Patients	Honorable Mention
Terry Dentoni Judy Karlsen Susan Ilnicki Mivic Hirose Rosaleen Flynn	Inpatient Delivery of Care	Honorable Mention
Kitty Mah Nayda Ramiro	Infection Control Signs at SFGMC	Honorable Mention
Mattie Peckenham Pam Speich Elizabeth Cartegena	Women's Health Center Response to Domestic Violence Screening and Reporting	Honorable Mention

Community Based CPR

Last year Consuelo Ingle, R.N. at SFGH taught CPR to 27 Spanish speaking staff members from Caring Hands - Manos Carinosas (a non-profit, bilingual, home health care training and referral service). By the end of the class, students were able to meet the high standards of the American Heart Association for certification as a basic life support provider.

This year, Consuelo is helping to certify the staff of the Central American Resource Center close to the Hospital in the Mission Potrero Neighborhood.

SFGH Diversion Statistics - March 1 through 31, 1997
The Critical Care diverted for 6.8% or 50 hours and 25 minutes. The Emergency Department diverted for 1.3% or 9 hours and 35 minutes.

LHH Medical Staff Applications
I have signed, on behalf of the governing body, a medical staff application for the following Laguna Honda medical staff:

Kirk R. Essenmacher, M.D., who will provide as-needed night and weekend coverage.

PUBLIC HEALTH DIVISION

New Appointments - Public Health Division
As we continue progress in our restructuring efforts, I am pleased to announce two new appointments in the Public Health Division. Pat Reynolds has been selected to serve as Director of Community Health Services, the unit within the Public Health Division that will be responsible for the purchasing and monitoring of health care services. Ms. Reynolds received her M.S.P.H. in Maternal and Child Health and Administration from Harvard University and has served most recently as Deputy Director for Family and Children's Services at the San Francisco Department of Social Services. Ms. Reynolds will be charged with the responsibility for the development of a capacity to purchase integrated services and to have purchasing decisions better reflect public health priorities.

I am also pleased to announce that Randy Reiter will join us as a Senior Planner in the Public Health Division. Dr. Reiter received a Master's Degree in Epidemiology from the University of California, Berkeley, and a Ph.D. in Anthropology and Psychology from the University of Michigan. Dr. Reiter has served for several years as Research Director of the Children's Advocacy Institute, where he developed and managed a statewide database on children's health. Dr. Reiter will be charged with the creation of a comprehensive public health database profiling the health status of the population of San Francisco, which will provide guidance to all public health activities, from purchasing decisions to development of priorities for prevention programs.

I welcome Ms. Reynolds and Dr. Reiter to the Department. As you can tell from their impressive credentials, we are fortunate that they have agreed to contribute their talents to the development of public health in San Francisco.

Mental Health/Substance Abuse Site Approval Ordinance
The Board of Supervisors voted unanimously yesterday to rescind Section 15.7 of the City's Administrative code dealing with siting requirements for mental health and substance abuse programs. However, at roll call yesterday, Supervisor Yee introduced a new draft ordinance that would replace 15.7 with a consistently applied citywide planning/site approval process for all City funded programs. It is expected this draft ordinance will be heard before the Housing and Neighborhood Services Committee of the Board May 15th. The Department is in the process of analyzing this draft legislation for impact on DPH funded programs. I will keep the Commission apprised of the legislation.

Consumer Dialogues with Consumer and Family Members
DMS held the first of its planned Consumer Dialogues about the San Francisco Mental Health Plan March 22nd. The San Francisco Mental Health Plan is scheduled to be implemented on October 1, 1997 in accordance with the State's requirements that Counties consolidate Medi-Cal specialty mental health services.

Future Community Dialogues are planned in Spanish and Cantonese.

Utilization Review Pilot
DMS received approval from the State Department of Mental Health to conduct a treatment authorization and utilization review pilot in preparation for outpatient consolidation in October 1997 The objectives of the pilot are to:

1. streamline the documentation and assignment of clients for initial authorization, reauthorization, and service coordination;
2. test the application of service criteria;
3. test the use of the authorization form(s);
4. test the administrative processing; and
5. introduce the idea of a continuum of service levels.

The pilot will include six children and adult providers between April 1, 1997 and June 30, 1997. We hope to obviate as many of the difficulties of designing and administering a new authorization process and integrating new clients into the consolidated system before the October 1, 1997 start date.

Miriam & Peter Haas Fund Planning Grant to Mental Health
The Children's Section of Mental Health received a $60,000 planning grant from the Miriam and Peter Haas Fund. Anita Fong, MSW, MBA, has been hired as a consultant/planner to work with Sai-ling Chan-Sew, Director of DMS-Children's Section, to develop policy and programs supporting the viability of children's mental health services in a managed care environment. Anita serves as the liaison to the Children Planning group, a statewide children managed care advocacy group whose intent is to impact the managed care system on behalf of children, youth and their families.

Local Law Enforcement Block Grant
DMS, in collaboration with other six City Departments (Public Defender, Adult Probation, District Attorney, Sheriff, Police Department, Target Cities) and the Mayor's Criminal Justice Council, received a grant from the Local Law Enforcement Block Grant. The grant amount for DMS is $100,000. It will be used to expand the Comprehensive Child Crisis Service Program which provides mental health services to youth in the juvenile justice system. The goal of the crisis intervention services is to reduce the rate of readmission to the Youth Guidance Center by offering family and neighborhood based interventions.

Economic Opportunity Council/Target Cities Substance Abuse/Mental Health Project
Target Cities/Substance Abuse/Mental Health received a renewal grant from the Economic Opportunity Council. The grant provides mental health/substance abuse prevention and early intervention services to children in three Head Start Centers. The goal is to increase substance abuse awareness among families by conducting outreach and training, to provide referral for treatment through the Target City project and mental health clinics, and to develop support groups for parents with substance abuse. As a result of the first year project, coordination between DMS and substance abuse services for these Head Start Centers has been much improved.

Dental Health

The Dental Bureau has initiated a new school-based dental sealant program to prevent the high rate of dental decay in San Francisco. Sealants are a plastic coating applied to the chewing surfaces of children's teeth preventing decay. The National Oral Health Objective for sealing children's teeth specifies that we should "increase the proportion of children receiving protective sealing of the occlusal surfaces of permanent molar teeth to 50%." The national average for children receiving dental sealants is 11%, while in San Francisco it is only 3%.

Sealants are a highly effective method for preventing chewing surface decay, with clinical studies verifying a 90-95% reduction in decay. The new initiative has targeted schools which have high numbers of low-income children, who tend to be those at greatest risk for untreated decay. With the help of the Newburg Rotary Club (Newburg, Oregon), we have secured the purchase of $12,000 worth of portable dental equipment for $3,000. Two hundred sealants have been placed on 56 children in our pilot project. Next year the goal is to place 2,000 sealants on 500 children.

Bureau of Environmental Health Management

The Bureau of Environmental Health Management confirmed reports that a large fish wholesaling and distribution operation was being conducted on Jefferson Street at Fisherman's Wharf without necessary permits from the Department of Public Health. The operation involved numerous 18 wheel refrigerated trailer units coming from as far away as British Columbia and carrying as much as 65,000 pounds of fish each. The distribution to other commercial enterprises was taking place between 3 - 6 a.m. on Mondays.

Working in close coordination with the Port, Police, Fire, City Attorneys' Office and the Department of Health Services, the Bureau issued thirty notices to each of the companies vending the fish to cease operating on public streets and to secure a fixed place of business under permit. This will allow the vendors to operate legally, cease the blocking of public streets and end the littering problem on Jefferson Street.

Release of Chlorine Gas

On March 28th at 10:30 a.m., a release of chlorine gas caused the evacuation of the Jewish Community Center at Presidio and California Streets. The release was caused by the inadvertent mixing of muriatic acid and bleach. Paramedics with seven ambulances and several members of the EMS agency responded to the incident. Numerous victims and firefighters were evaluated and treated. No serious injuries occurred. Eight firefighters and 12 civilians were sent to various hospital emergency rooms as a precaution. Steve Low, the Bureau's Emergency Responder, responded with the SFFD HazMat Team. The Fire Department and HazMat Team stopped the chemical reaction and ventilated the community center. The area was cleared for reoccupancy at approximately 2:30 p.m. No permanent or serious injuries resulted from the accident.

Childhood Lead Prevention Program - Lead Safe Construction Campaign

The Childhood Lead Prevention Program launched a consumer awareness campaign of lead-safe construction work practices last month. The goal of the campaign is to create consumer demand for lead-safe construction practices to lessen the incidence of childhood lead poisoning. The marketing campaign will educate thousands of property owners, managers, and landlords about the benefits of hiring certified contractors when renovating their properties and about the requirements of the San Francisco and Federal lead hazard notification laws.

State Perinatal Hepatitis B Survey
San Francisco birthing hospitals did exceedingly well in a State of California evaluation of efforts to prevent perinatal Hepatitis B infections. The survey assessed compliance with the state law that all pregnant women be tested for Hepatitis B surface antigen. They reviewed charts in all six birthing hospitals in San Francisco as well as a total of 289 hospitals throughout the State. The survey found that 100% of charts surveyed in San Francisco had proper documentation of screening results, compared to 96.3% statewide.

The survey also checked for documentation that children who were born to carrier mothers were properly immunized within 12 hours of births. In San Francisco, 100% were properly immunized.

San Francisco's success in preventing perinatal Hepatitis B infection can be attributed to the provider and institution outreach that occurred as a result of the CDC funded Hepatitis B Demonstration Project that ended in December 1995, and to the case management services that continue to be provided by the Department to the families of pregnant women who are identified as Hepatitis B carriers.

5) PRESENTATION BY SUPERVISOR LELAND YEE ON THE CONCEPT OF ONE-STOP SERVICE CENTERS FOR CHILDREN AND YOUTH

Supervisor Leland Yee made a presentation highlighting his public hearing to discuss the development of community-based multiservice centers for children and youth.

These centers would provide a comprehensive array of services at convenient locations and for extended hours.

San Francisco Board of Supervisors
Health, Family and Environment Committee
Thursday, April 10, 1997
10:00 a.m.
401 Van Ness Avenue, Room 410

The Committee wants input from groups and individuals who are involved and interested in the provision of services to children and youth to help guide further policy decisions. Specifically, the Committee wants to:

- Discover where co-location and collaboration is already happening
- Ascertain the elements that make these current efforts successful
- Identify barriers to co-location and collaboration
- Identify opportunities for further co-location and collaboration

Citing the Department's Family Mosaic Project for high-risk children and youth as an example of integration of services, Supervisor Yee would like this model to be extended to all children and youth in San Francisco. Supervisor Yee also referred to the Chinatown Public Health Center as a potential site for co-location with Jean Parker Elementary School.

Commissioner Sanchez expressed appreciation for Supervisor Yee's extending his experiences and expertise in the fields of mental health and education to the Board of Supervisors.

Dr. Hernández stated the Department will participate in the public hearing and will work with Supervisor Yee in identifying areas of support from the Department.

6) PRESENTATION OF THE 1997 HIV PREVENTION PLAN

Dr. Mitch Katz, Director of Community Health and Safety, reported that the 700-page 1997 San Francisco HIV Prevention Plan was developed by the HIV Prevention Planning Council in partnership with the Department of Public Health AIDS Office. This Plan has been designated by Centers for Disease Control as a national model.

Gene Copello, AIDS Administrator, introduced Co-Chairs of the Planning Council, Ronnie Ashely/Chata and Ellen Goldstein.

The Plan has 11 Chapters on the following subjects:

- The Community Planning Process
- Goals and Objectives
- Epidemiologic Profile
- Strategies and Interventions
- Priority-Setting Criteria
- Resource Allocation
- Resource Inventory
- Linkages and Coordination
- Strategic Evaluation/Data Collection
- Capacity Building Technical Assistance
- Synthesis and Future Directions

Public Speaker: Steven Murray, Obregon

Commissioner Monfredini commended the Council and the AIDS Office staff for an excellent document. She requested a separate copy of the recommendations.

President Chow recommended an Executive Summary for a document of this size.

Dr. Hernández reported the data in the Plan were used for allocation decisions with limited dollars. She emphasized that good data makes for good policy.

7.A) PRESENTATION OF A STATUS REPORT AND IMPLICATIONS REGARDING CHANGES IN THE STATE OFFICE OF FAMILY PLANNING

Dr. Bob Prentice, Director of the Public Health Division, introduced Steve Purser, Family Health Division Administrator, who gave the historical overview of the State and Federal support for reproductive health care services in San Francisco.

The California Department of Health Services, Office of Family Planning, recently announced a new State Only Family Planning (SOFP) program with an effective implementation date of March 1, 1997. Starting on this date, the State will no longer reimburse counties as an allocation from the Office of Family Planning. The funds that support this program have been transferred from the Office of Family

Planning to Medi-Cal. This program will be jointly managed by Medi-Cal, Electronic Data System (EDS) and the Office of Family Planning.

While the program will be managed by Medi-Cal, the clients eligible for services will continue to be low income, non Medi-Cal women and men who are residents of California, and whose income is below 200% of the Federal poverty standards. Family Planning providers must determine eligibility by registering clients electronically, issuing eligible clients HAP cards, and bill for services to Medi-Cal on either the UB92 or HCFA 1500 Forms. Providers will be reimbursed at current Medi-Cal rates.

While the change suggests expanded access by broadening the network of providers, it poses challenges to the Community Health Network through increased competition and to the Public Health oversight of the quality of family planning services. Particularly with the potential loss or diversion of Federal Tile X Funds, it is not clear how the Department will continue to train providers, coordinate the provider network and carry out its quality assurance activities, both within our own provider network and with new family planning providers.

The Department estimates that by the end of the year, the impact of these family planning changes will be identified.

7.B) CONSIDERATION OF A SUPPLEMENTAL APPROPRIATION IN THE AMOUNT OF $178,233 FOR THE DEPARTMENT OF PUBLIC HEALTH, COMMUNITY HEALTH SERVICES DIVISION, TO FUND THE STATE REIMBURSED FAMILY PLANNING HEALTH ACCESS PROGRAM

Action Taken: The Commission (Chow, Monfredini, Hill, Parker, Sanchez) approved the supplemental appropriation of $178,233 to fund the Health Access Program (HAP).

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A. Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11.

Action Taken: The Commission (Chow, Monfredini, Hill, Parker, Sanchez) voted to conduct a closed session on this item.

1) Conference with Legal Counsel: Consideration of a proposed settlement in the amount of $40,000 for the litigation of Rita Louise Koester v. CCSF et al, Superior Court #974-800.

Action Taken: The Commission (Chow, Monfredini, Hill, Parker, Sanchez) approved the proposed $40,000 settlement for the litigation of Rita Louise Koester v. CCSF et al, Superior Court #974-800.

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose discussions held in closed session.

Action Taken: The Health Commission finds that it is in the best interest of the public not to disclose its closed session deliberation.

The meeting was adjourned at 5:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 12-97

AUTHORIZING THE DIRECTOR OF HEALTH TO ENTER INTO A CONTRACT WITH PUBLIC HEALTH FOUNDATION ENTERPRISES, INC. TO ENGAGE IN A PREVENTIVE HIV VACCINE EFFICACY TRIAL

WHEREAS, the Department of Public Health, AIDS Office, has been engaged in a preventive HIV vaccine preparedness study for three years; and,

WHEREAS, the Federal Drug Administration has now authorized the testing of two preventive HIV vaccines in controlled studies; and,

WHEREAS, the Department of Public Health, AIDS Office, desires to participate in the testing of the preventive HIV vaccine; and,

WHEREAS, to participate in the study the Department of Public Health must enter into a contract with Public Health Foundation Enterprises, Inc.; and,

WHEREAS, under the proposed contract the City would recruit volunteers for the study and administer the preventive HIV vaccines or a placebo to the participants; and,

WHEREAS, the proposed contract further provides that: 1) the City will hold Public Health Foundation Enterprises, Inc. harmless and indemnify Public Health Foundation Enterprises, Inc. from liability for the services provided by the City; 2) the Director of Health will have the authority to execute amendments to the contract without further approval by the Health Commission or Board of Supervisors; and 3) the Project Manager for the AIDS Office will have the authority to agree to changes to the cost or budget of the Preventive HIV Vaccine Efficacy Trial Program; now, therefore, be it

RESOLVED, that the Director of Health is hereby authorized to enter into the contract with Public Health Foundation Enterprises, Inc. for the participation of the City in the Preventive HIV Vaccine Efficacy Trial Study; and, be it

FURTHER RESOLVED, that the Health Commission recommends this contract to the Board of Supervisors.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 8, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

April 22, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

NOTE: NO BUDGET COMMITTEE MEETING TODAY.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF APRIL 8, 1997**

3) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

4) **CONSIDERATION OF A RESOLUTION APPROVING MANAGED CARE OUTPATIENT CONSOLIDATION IN MENTAL HEALTH**

5) **OTHER BUSINESS/PUBLIC COMMENTS***

6) **DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:**

   A. Possible closed session held pursuant to Brown Act Section 54956.8 and Sunshine Ordinance Section 67.11.

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

1) Pursuant to Government Code Section 54956.8, Conference with Real Property Negotiators.

Properties: St. Luke's Hospital and Ralph K. Davies Medical Center.

Persons Negotiating: Representatives from St. Luke's Hospital and Ralph K. Davies Medical Center.

Under Negotiation: Price ___ Terms of Payment ___ Both _X_

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose discussions held in closed session.

Motion: The Health Commission finds that it is in the best interest of the public (not) to disclose its closed session deliberation.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

/97

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, April 22, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Ron Hill

On behalf of the Commission, President Chow presented a special Certificate of Appreciation to Dr. Doriane Miller, who has been with the Department for 9 years.

Dr. Miller, who has served as the Medical Director of the Maxine Hall Health Center for the past three years, has accepted an offer to become a Vice President of the Robert Wood Johnson Foundation. Dr. Miller's association with the Foundation began with their sponsorship of "Grandparents Who Care," a program Dr. Miller helped found when she was a physician at Southeast Health Center. Since that time, Dr. Miller has dedicated her considerable talents to establishing the Maxine Hall Health Center as a vital community resource in the Western Addition. She also has been a member of the Oakland Interfaith Gospel Choir as a soprano.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 8, 1997

Action Taken: The Commission unanimously adopted the minutes of April 8, 1997.

3) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

CENTRAL ADMINISTRATION

Emergency Preparedness Evacuation Drill

Occupants of the 101 Grove and 50 Ivy Street complex completed their first unannounced emergency preparedness evacuation drill on April 17, 1997. This was an important step in emergency preparedness for the facility as key response personnel were purposely unavailable to assume critical roles (e.g., medical team leader, command aide, check in leader). Occupants were compelled to rely on their resourcefulness and creativity in organizing a response. This was also the second time the Tom Waddell Center staff evacuated with their clients.

During the drill debriefing, participants expressed frustration and concern about what was a less orderly drill than in the past. Despite the loss in resources, the critical drill objective of accounting for occupants was still achieved in approximately 18 minutes, as compared to 16 minutes in our last drill (October 1996). A complete drill analysis is in progress.

Many occupants assumed new roles allowing them to further develop their expertise as part of the response team. This unannounced drill underscored the need to: re-evaluate our preparedness, implement more frequent unannounced drills, and instill in building occupants a sense of individual ownership and accountability for involvement in future drills.

COMMUNITY HEALTH NETWORK

Denise Rodgers, M.D., Resigned

It is with sadness that I report Dr. Denise Rodgers resignation effective June 30, 1997. Denise has served SFGH in numerous capacities, including: Attending at Southeast Health Center, Family Health Center Medical Director, Director of Family Practice Residency Program, Senior Attending of 4A-SNF Unit, Attending at MHRF, Chief of Service for Family Practice and SFGH Chief of Staff.

Dr. Rodgers has assumed the position of Associate Dean for Community Health at the Robert Wood Johnson Medical School in New Brunswick, New Jersey. I am sure you join me in wishing her well in her new endeavors!

SFGH Volunteer Recognition Luncheon

The SFGH Volunteers annual Volunteer Recognition Luncheon will be held May 31, 1997, at Gabbiano's Restaurant, 1 Ferry Plaza, San Francisco. This event is held to honor volunteers, and to recognize their contributions to San Francisco General Hospital. We cordially invite Health Commissioners to attend.

Diversion Statistics - April 1 through 20, 1997

The Critical Care diverted for 14.7% or 66 hours and 20 minutes. The Emergency Department diverted for 2.2% or 10 hours and 32 minutes.

Violence Prevention Task Force

The Violence Prevention Task Force (VPTF) is participating in the second annual Walk for Peace scheduled May 17, 1997. VPTF membership includes Community Health Network representatives and Mission District community based organizations. Gigi Gregory, Castro-Mission Health Center, and Greg Johnson, SFGH, are coordinating CHN participation in the health fair portion of the event. They are working with Ethel Newlin from the Community Peace Initiative who is organizing this new addition to the Peace Walk. It is anticipated that the CHN will have a strong presence at the fair with exhibits and information booths emphasizing health promotion, violence prevention and victim related services. Penny Mitchell, Director of Social Work, is spearheading the sign ups and sponsorships for the walk, the proceeds from which will be directed toward violence prevention and intervention activities.

National Nurses' Week

A reception honoring the nursing staff at San Francisco General in celebration of National Nurses Week will be held on Thursday, May 8 from 6-8 p.m. in the Hospital Cafeteria.

Third Annual Earthquake Fair

The SFGH Emergency Response Committee hosted the Third Annual Earthquake Fair April 7 for staff, visitors and patients. Over 300 people visited information booths sponsored by the Paramedic Division, Earthquake Outlet, SFGH Health and Safety, SPCA, PG&E and the Emergency Response Committee. The purpose of the 3-hour Fair was to better educate visitors and staff on earthquake preparedness at work and at home. Highlights of the Fair included: Typhoon , the SPCA's service dog who helped acquaint everyone to the important role of hearing dogs, PG&E's interactive gas turn-off station, make it yourself home disaster kits and free information kits on preparedness at home and work from SFGH and the American Red Cross.

Paramedic Division and SFFD Merger Update

With 70 days to go before the July 1 merger of the Paramedic Division with the Fire Department, implementation teams are orchestrating the final details for the transition of function. Teams composed of members of SFFD, the Paramedic Division and SFGH staff are working on:

- transferring the Paramedic Division's Administration and Education offices from the Plant Building to the SFFD's EMS Division Headquarters at the Presidio;
- combining SFFD's Communication Center with C-MED at the Plant Building;
- completing transition of the 97/98 fiscal year budget;
- moving personnel files to SFFD Headquarters;
- continuing negotiations with Locals 790 and 798;
- selecting the leadership team for the new EMS Division;
- collaborating with SFGH on the development of EMS quality and risk management plans;
- completing inventory systems for medical supplies, equipment and pharmaceuticals;
- bio-medical engineering agreements; and
- clinical site coordination for SFFD's new Paramedic Academy.

Yesterday the Board of Supervisors on first reading, unanimously approved the merger and the transition supplemental budget. Final action will be taken April 28. Announcements are currently pending on the selection of the EMS Chief.

Long Term Care Pilot Project Task Force

The Long-Term Care Pilot Project Task Force held its kick-off meeting April 18, 1997. The Task Force will develop a comprehensive long-term care plan that stresses community-based alternatives to institutionalization for elderly and disabled adults. This plan will provide the basis for San Francisco's application to participate in the State's Long-Term Care Integration Pilot Program.

The State has already selected Tulare and San Bernardino Counties to participate in the pilot. Under Assembly Bill 1040 the California Department of Health Services is allowed to administer the Long-Term Care Integration Pilot Program in five counties.

Community Health Network (CHN) Job Fair

To promote internal recruitment of candidates to fill CHN executive level management positions the Community Health Network is inviting DPH employees to attend a Job Fair April 23, 1997 from 10:00 am to 12:00 noon at 101 Grove Street, Room 300. Members of the CHN Leadership Team will be on hand to provide job descriptions and answer questions regarding the twelve positions which include the following: Director of Patient Care Services, Director of Planning and Marketing, Chief Financial Officer, Director of the Office of Integrated Care, CHN Medical Director, Medical Director of Patient Care Services, Specialty Care Administrator, Emergency Care Administrator, Acute Care Administrator, Director of Quality Management, Home Care Administrator, and Marketing Analyst. All interested and qualified employees are encouraged to attend and to submit their resumes. Resumes will also be accepted at any other times prior to the closing date of any position through DPH Human Resources Services.

PUBLIC HEALTH

Eddy Street Apartments

Progress Foundation hosted the Eddy Street Apartments grand opening ceremonies April 10, 1997. The development, funded by U.S. Department of Housing and Urban Development, the San Francisco Redevelopment Agency and Progress Foundation provides 21 permanent affordable housing units for people with mental disabilities including family units with children.

Residents of Eddy Street Apartments will have the option of participating in support services provided by Progress Foundation under contract with the San Francisco Division of Mental Health.

Dolores Hotel HUD Announcement of Renewal

The Division of Mental Health Services Conard House, Dolores Hotel grant was renewed for another year by HUD. This transitional supportive housing program for seriously mentally ill has been in operation for over five years and continues to provide up to two years of stabilized housing for DMS clients in a supportive living environment.

Drs. Katz and Gerberding Publish in *New England Journal of Medicine*

Congratulations to Dr. Mitch Katz, Director of the AIDS Office, and Dr. Julie Gerberding, Director, Epidemiology and Prevention Intervention Center at SFGH, for co-authoring an article on HIV Postexposure Treatment in the April issue of the *New England Journal of Medicine*. As leading AIDS experts, these two physicians are recommending HIV Postexposure treatment of persons exposed to HIV through sexual contact or injection drug use, in the case of isolated high risk exposures. In making their recommendations, the authors also raised several concerns about postexposure prophylaxis. Specifically, that the perceived availability of treatment will result in some people increasing their high-risk activities. Treatment is recommended only in the context of a comprehensive prevention program that includes counseling, skill-building in use of condoms, negotiation with partners about condom use and substance treatment. The Department maintains a policy on postexposure that seeks to bring persons at high-risk for HIV into care and connects them with ongoing prevention programs, even if postexposure prophylaxis itself is ineffective.

Emergency Medical Services - Hospital Diversion Report

I wanted to share in some detail with you, results of the EMS Agency's recently completed 1996 Hospital Diversion Annual Summary Report. Diversion is a process by which Receiving Hospitals can quickly stop ambulances from bringing additional patients to their Emergency Departments when they have reached their total patient capacity either in their Critical Care Units (Critical Care Diversion) and/or their Emergency Departments (Total Diversion). Hospitals use this process as a "breather" while they regroup their resources and achieve disposition of their current in-house patients. "Diversion Suspension" is a process of canceling diversion status for the EMS system. Diversion Suspension occurs when five or more hospitals are simultaneously on diversion. When so many hospitals are on diversion, 911 ambulances cannot expeditiously transport critically ill patients to definitive care. Also, ambulances cannot be freed up quickly enough to answer other 911 calls. The EMS Agency staff member on call attempts to resolve the problem by contacting the involved hospitals and suspending diversion for the system until the situation improves.

During 1996, we saw several new system highs for both diversion activity and diversion suspension. Critical Care Diversion averaged 5.53% in 1996, a slight increase from the five previous years' average of 4.18 % per year. However there was a sharp increase during the month of December to 14.7% from the five previous years' December average of 8.52%, and this resulted in 23 hours and 30 minutes of Critical Care Diversion Suspension. Total Diversion was also up to 1.8% from the five previous years' average of 1.42%, with an increase in December to 3.6%. During the December suspensions, the most frequently cited reason for staying on critical care diversion was a shortage of critical care nurses. The critical care nursing shortage was attributed to in-house staffing shortages, holiday staffing patterns, sick calls, adverse weather conditions and the general unavailability of nursing registry staff to cover in-house staffing shortages. Other reasons cited for both types of diversion were the unavailability of ICU and ward beds due to: in-patient and Emergency Department census over capacity; the closure of facility ICU beds; the need to hold open ICU beds for potential in-house critically ill, or scheduled surgeries.

The EMS Agency has been actively addressing the issue of diversion with the hospitals. The EMSA has presented the issue to the Hospital Council. In response to the Hospital Diversion Annual Summary Report, many hospitals have reviewed and revised their internal diversion standards and plans. The EMS Agency's Receiving Hospital Liaison (RHL) Committee discussed this issue at their last meeting and formed an Ad Hoc Task Force to further investigate the diversion issue and develop a proposed solution.

Compressed Natural Gas (CNG) Vehicles

The City's Purchasing Department/Central Shops purchased a fleet of Compressed Natural Gas vehicles and has asked a number of City Departments to test the cars during the next year for efficiencies and to track repair cost. The Bureau of Environmental Health Management met the necessary criteria required by Purchasing and will be testing one vehicle. There will be three refueling sites in the City, the car must be refueled every 60 miles. The test vehicles are 1997 Ford Contours.

Illegal Sale of Turtles

The Bureau of Environmental Health responded to a complaint that two-inch turtles were being sold in a retail store in San Francisco. This is in violation of the California Health and Safety Code which requires turtles be a minimum of 4 inches in diameter to limit the exposure to salmonella inherent in this species.

The field investigation revealed one and two-inch turtles were being sold. The Inspector immediately embargoed approximately 40 turtles at the site and issued a notice to discontinue future sales of this illegal product. Arrangements were then made with the Department of Animal Care and Control to receive the turtles. The Inspector transported the turtles to DACC who made arrangements for the turtles to be given to an entity that would provide proper care.

Chinese Language Training in Lead-Based Paint Abatement
The Childhood Lead Prevention Program and City College of San Francisco made history last month by presenting the nation's first 40-hour Chinese language lead abatement certification class. David Lo, Community Health Outreach Worker, was a co-instructor of the class. The training, sponsored by the Lead Hazard Reduction Primary Prevention Program of the Mayor's Office of Housing, educated construction and maintenance workers on the risks of working with lead-based paint and safe rehabilitation of lead-based paint surfaces. Nineteen construction and maintenance workers successfully completed the training.

Employee Awarded Safe City Award
Arturo deLeon, LHH Industrial Hygienist, was presented the Safe City Award by Mayor Brown April 17. The Mayor recognized Mr. deLeon's work in reducing hazardous waste and establishing training curriculum. This is the second time Mr. deLeon has been honored with the Safe City Award. I know the Commission joins me on behalf of the Department in offering Mr. deLeon our congratulations.

March statistics for the Department are available in the Commission Office.

4) CONSIDERATION OF A RESOLUTION APPROVING MANAGED CARE OUTPATIENT CONSOLIDATION IN MENTAL HEALTH

Jo Ruffin, Deputy Director for Mental Health Services; Nancy Presson, Associate Director for Managed Care; and Louise Rogers, Planner, presented the Phase II Implementation Plan for the S.F. Mental Health Plan, (Attachment A).

Public Speakers: Speakers requested a delay in submitting the Implementation Plan.
Jennifer Freidenbach, Coalition on Homelessness
Steve Leoni, consumer advocate

Ms. Ruffin recommended to move forward with the October start date; but the Division will continue to receive input from the community into the Plan. She also agreed that access to services has to be expanded and that more mental health funding is needed for the indigent.

Action Taken: The Commission unanimously adopted Resolution #13-97, "Authorizing the Department of Public Health, Division of Mental Health, to Assume Responsibility for Medi-Cal Authorization and Payment of the state/Local Match for all Medically Necessary Mental Health Services for San Francisco Medi-Cal Beneficiaries," (Attachment B).

5) OTHER BUSINESS/PUBLIC COMMENTS

None.

6) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

Pursuant to Government Code Section 54956.8, Conference with Real Property Negotiators.

Properties:	St. Luke's Hospital and Ralph K. Davies Medical Center.
Persons Negotiating:	Representatives from St. Luke's Hospital and Ralph K. Davies Medical Center.
Under Negotiation:	Price ___ Terms of Payment ___ Both _X_
Action Taken:	The Commission unanimously voted to conduct a closed session on this item pursuant to Brown Act Section 54956.8 and Sunshine Ordinance Section 67.11.

Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose discussions held in closed session.

Action Taken:	The Commission unanimously finds that it is in the best interest of the public not to discuss its closed session deliberations.

The meeting was adjourned at 5:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

SAN FRANCISCO MENTAL HEALTH PLAN
PHASE II IMPLEMENTATION PLAN
Summary For The Health Commission 4/22/97

- **The State of California has "carved out" mental health services from the two plan model for managing health care for Medi-Cal recipients and delegated responsibility and risk for developing mental health managed care plans to county mental health departments.** In the first phase of this implementation, on January 1, 1995, the County assumed responsibility for authorizing all Medi-Cal funded inpatient psychiatric services in private community hospitals. In the second phase, beginning October 1, 1997, the County will assume responsibility for all Medi-Cal funded mental health services formerly provided through the private Fee-for-Service Medi-Cal program. The State will transfer $7,398,112 for the program for FY97-98. Of this amount, $4,983,590 is for inpatient services, and $2,414,522 is for outpatient services. The Division of Mental Health has been managing the risk associated with the inpatient portion of the Fee-for-Service Medi-Cal program since January, 1995. While a significant responsibility, involving services delivered to over 7,000 clients, the outpatient program represents only about 2% of the total budget for mental health services. Ultimately, the State plans to capitate all Medi-Cal funding for psychiatric services for Medi-Cal beneficiaries.

- **If the County were to choose not to participate in the State's plan for Medi-Cal Managed Mental Health Care, the State would reclaim all Short-Doyle and Fee-for-Service Medi-Cal and matching funds for mental health services** (roughly $57 million dollars) and hire a commercial managed care company to develop San Francisco's Mental Health Plan for Medi-Cal beneficiaries. This would eliminate most of the public mental health system by diverting most of its revenue and placing the responsibility for services for Medi-Cal beneficiaries with a commercial plan. The commercial plan would not address the safety net functions of the public mental health system, and the County would retain the financial risk associated with the services used by the mentally ill, such as emergency rooms and jails, when the mental health system fails and individuals do not receive timely and/or appropriate care. This also would leave responsibility for all indigent mental health care with the County.

  It is in the County's best interest to continue to administer all the public mental health resources. However, accepting responsibility for the Mental Health Plan also entails a certain amount of risk.

- **State regulations specify that all San Francisco Medi-Cal beneficiaries will be eligible for membership in the San Francisco Mental Health Plan.** The State requirements for the San Francisco Mental Health Plan implemented by the County will have the effect of expanding access beyond the most chronically mentally ill and establishing plan "membership" for all San Francisco Medi-Cal beneficiaries. The San Francisco Mental Health Plan will provide earlier treatment intervention in order to prevent utilization of costly acute services at a later date. However, under the State's plan, this early intervention would be available only to Medi-Cal beneficiaries. The State's plan is for Medi-Cal beneficiaries, not indigent San Franciscans, and the State is not allocating funds to San Francisco to expand access to the indigent.

- **The Implementation Plan addresses the following topics:**

  - Background Information about the State Plan and Carve-Out
  - Mission, System Goal, Values
  - Eligibility
  - Potential Financial Impacts
  - Planning, Coordination, Outreach and Notification
  - System of Care
  - Coordination with Other Services
  - Continuity of Care
  - Interface with Physical Health Care
  - Access, Cultural Competence and Age Appropriateness
  - Quality Management
  - Problem Resolution Processes
  - Administration of the Program

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-97

AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH, DIVISION OF MENTAL HEALTH, TO ASSUME RESPONSIBILITY FOR MEDI-CAL AUTHORIZATION AND PAYMENT OF THE STATE/LOCAL MATCH FOR ALL MEDICALLY NECESSARY MENTAL HEALTH SERVICES FOR SAN FRANCISCO MEDI-CAL BENEFICIARIES

WHEREAS, the State Department of Health Services is committed to expanding managed care within the Medi-Cal program as a means of improving beneficiary access to quality, cost effective, preventive and primary health care services, consistent with directions from the Legislature and the Governor, as embodied in Senate Bill 485 and Assembly Bill 757; and,

WHEREAS, the State's plan specifies that the most effective system of the delivery of Medi-Cal mental health services will be through mental health programs administered by County mental health departments, thus carving these services out of the models for physical health care, and consolidating the two existing Medi-Cal funding streams into a single County-run mental health plan; and,

WHEREAS, the State's plan has been implemented in phases, beginning level January 1, 1995 with the consolidation of the State funding for inpatient Medi-Cal mental health services at the County to be followed by the consolidation of the State funding for professional and nursing facility Medi-Cal mental health services on October 1, 1997; and,

WHEREAS, the San Francisco Health Commission adopted Resolution #2-93 on February 16, 1993; *"Endorsing Principles for the Development of a Managed Care System in San Francisco;"* Resolution # 15-94 on March 15, 1994; *"Endorsing the Development of a Managed Mental Health Care System in San Francisco;"* and Resolution #52-94 on November 15, 1994, *"Endorsing the Transfer of Funds from the State for the Implementation of Inpatient Component of a Medi-Cal Managed Mental Health Care System in San Francisco;"* and,

WHEREAS, the Board of Supervisors adopted Resolution #551-94 on July 7, 1994, *"Endorsing the Development of a Managed Mental Health Care System in San Francisco;"* and Resolution #148-94-7 on December 23, 1994, *"Authorizing the Director of the Department of Public Health to Accept the Transfer of Funds from the State for the Implementation of the Inpatient Component of a Medi-Cal Managed Mental Health Care System in San Francisco;"* and,

WHEREAS, the State has released a preliminary planning estimate for the amount of Counties' allocations for fiscal year 1997-98, and San Francisco will receive $3,699,056 State General Fund or the pro-rated amount for less than a year; and, WHEREAS, this allocation will be used to match an additional $3,699,056 in Federal Medi-Cal dollars for services provided to the Medi-Cal population for a maximum projected funding availability of $7,398,112 for inpatient and outpatient mental health services; and,

WHEREAS, the operation of a mental health plan imposes on the City and County of San Francisco the obligation to authorize payment of medically necessary mental health services to all eligible San Francisco Medi-Cal beneficiaries, even if the cost of providing services exceeds the amount allocated by the State; and,

WHEREAS, the City and County of San Francisco is committed to protecting public mental health services and safety net services for the indigent mentally ill in San Francisco County; and,

WHEREAS, the City and County of San Francisco is at risk for the many high cost services used by individuals with mental illness if timely, effective and coordinated treatment is not provided; and,

WHEREAS, the County Department of Public Health, Division of Mental Health Services, is committed to building partnerships with traditional, safety net, and private providers in order to establish a comprehensive system of care; and,

WHEREAS, the County would assume even greater risk if it did not elect to become the mental health plan for all Medi-Cal mental health services as it would lose the ability to manage the resources and services directly; and,

WHEREAS, the State has offered Counties the option to develop risk-sharing agreements with the State for the provision of Medi-Cal funded mental health services contingent on the Counties' willingness to commit not to reallocate funds, including realignment funds, from mental health services to other purposes as part of such agreements; and,

WHEREAS, the State of California requires the following assurances, now, therefore; be it

RESOLVED, that the Heallth Commission hereby:

1. Authorizes the Department of Public Health, Division of Mental Health, to assume the administration of Medi-Cal mental health services for authorization and payment of the State Medi-Cal match for all medically necessary mental health services for eligible San Francisco Medi-Cal beneficiaries; and,

2. Confirms San Francisco's willingness to develop a financial risk-sharing agreement with the State for the provision of these services, and willingness to agree not to reallocate funds, including realignment funds, from mental health services to other purposes as part of such an agreement; and,

3. Assures that access for covered medically necessary mental health services will continue to be comparable to the current system; and,

4. Confirms that San Francisco has a public planning process which involves consumers, family members, other stakeholders, and the local Mental Health Board; and,

5. Agrees to submit an implementation plan that meets State Department of Mental Health requirements and has been reviewed by the local Mental Health Board.

and, be it

FURTHER RESOLVED, that the Health Commission recommends this to the Board of Supervisors.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, April 22, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

May 6, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF APRIL 22, 1997**

3) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

(3.1) SFGH-Administration - Consideration of an amendment to an existing contract between PacifiCare of California and the Department of Public Health, to increase the reinsurance deductible and the reinsurance premium for the Hospital Commercial Services Risk Share Agreement.

(3.2) SFGH-Administration - Request to approve the retroactive assignment of a contract to Paralign Staffing Technologies, Inc. from HHL Financial Services, Inc. for the Uncompensated Care Recovery Program and San Francisco General Hospital, for the period of February 1, 1997 through December 31, 1997.

(3.3) CHS-AIDS - Request for Sole Source approval and contract modification with UCSF-AIDS Health Project (UCSF), in the amount of $68,300, to study HIV seroincidence in 3,000 persons served at anonymous testing sites per year, for the period May 1, 1997 through December 31, 1997. This modification will bring the total contract amount to $532,854 for the period of January 1, 1997 through December 31, 1997. The sole source request is for an annual amount of up to $102,450 per year, for the period of May 1, 1997 through December 31, 2000. (DPH contracted with UCSF for services totaling $62,332,531 during FY 1995-96).

(3.4) CHS-AIDS - Request for a modification to a contract with California Pacific Medical Center/Visiting Nurse Hospice (CPMC/VNH) to reduce units of service and funding by $266,832, for a modified contract total of $1,169,867, for AIDS Hospice and MIA Home Care services, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with CPMC for services totaling $10,025,703 during FY 1995-96).

(3.5) CHS-MCH - Request for retroactive Sole Source and new contract approval with San Francisco Unified School District in the amount of $174,950, to provide school-based health and case management services for the Healthy Kids/Healthy San Francisco Project, for the period of April 1, 1997 through June 30, 1998.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

5) **PRESENTATION OF THE COMPREHENSIVE ENVIRONMENTAL LEAD POISONING PREVENTION PROGRAM AND THE ANNUAL REPORT ON CITY AGENCIES' PROGRESS**

6) **PRESENTATION OF THE ANNUAL REPORT OF THE HAZARDOUS MATERIALS ADVISORY COMMITTEE**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.
For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, May 6, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Lee Ann Monfredini Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF APRIL 22, 1997

Action Taken: The Commission unanimously adopted the minutes of April 22, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Debra A. Barnes)

(3.1) SFGH-Administration - Consideration of an amendment to an existing contract between PacifiCare of California and the Department of Public Health, to increase the reinsurance deductible and the reinsurance premium for the Hospital Commercial Services Risk Share Agreement.

(3.2) SFGH-Administration - Request to approve the retroactive assignment of a contract to Paralign Staffing Technologies, Inc. from HHL Financial Services, Inc. for the Uncompensated Care Recovery Program and San Francisco General Hospital, for the period of February 1, 1997 through December 31, 1997.

Commissioner Barnes encouraged the Department to bring this contract in a timely fashion in the future.

Commissioner Chow commented on the lack of African American staff, given the demographics of the client population.

(3.3) CHS-AIDS - Request for Sole Source approval and contract modification with UCSF-AIDS Health Project (UCSF), in the amount of $68,300, to study HIV seroincidence in 3,000 persons served at anonymous testing sites per year, for the period May 1, 1997 through December 31, 1997. This modification will bring the total contract amount to $532,854 for the period of January 1, 1997 through December 31, 1997. The sole source request is for an annual amount of up to $102,450 per year, for the period of May 1, 1997 through December 31, 2000. (DPH contracted with UCSF for services totaling $62,332,531 during FY 1995-96).

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(3.5) CHS-MCH - Request for retroactive Sole Source and new contract approval with San Francisco Unified School District in the amount of $174,950, to provide school-based health and case management services for the Healthy Kids/Healthy San Francisco Project, for the period of April 1, 1997 through June 30, 1998.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

CENTRAL ADMINISTRATION

President's Volunteer Summit

Supervisor Gavin Newsom and I had the opportunity to represent San Francisco as part of a 10 person delegation at the President's 3-day Summit in Philadelphia. Many of the Healthy Start related issues highlighted at the Summit are projects DPH is currently working on with the Mayor's Office of Children Youth and their Families and the Youth Commission.

Workshops were conducted with other city delegations. San Francisco was able to showcase some innovative programs. One of the long term goals of the Summit is to provide mentorship to two million youth by the year 2,000. In this spirit, Supervisor Newsom introduced a resolution at the Board of Supervisor's last week urging all City employees to volunteer in the community and to participate in programs mentoring youth.

Garbage Strike

I want to take this opportunity to compliment the Department's Environmental Health Inspectors for the important role they played during the recent garbage strike. DPH worked in conjunction with the Mayor's Office and the Public Works Department to avert any potential public health crisis. Our inspectors were on call for three days, and patrolled the City pinpointing problem areas. Even the media covering the strike called into the office from their vans to report on garbage pile ups. The professionalism and dedication of the Health Inspectors under the leadership of Jack Breslin was exemplary. On behalf of the Department I am sure the Commission joins me in thanking the Environmental Health Inspectors for their commitment and fine work.

Federal 1998 Budget

The President and Congress have reached a bipartisan agreement to balance the federal budget by 2002. The Balanced Budget Plan of 1997 lacks significant detail. Over the next several weeks, detailed reconciliation on all proposals will be introduced for Congressional approval. The budget agreement calls for separate votes on the balanced budget and proposed tax cuts. As you are aware, over the last few years, the President has attempted to get a balanced budget plan approved by Congress.

The key components of the Plan are:

Budget
- balances budget by 2002 and keeps it balanced thereafter

Tax Cuts
- provides $85 billion in net tax relief over 5 years -- majority of cuts are directed towards middle-income tax relief

New Initiatives
- full-funding ($16 to $17 billion) to provide health insurance for up to five million children
- restores medical and disability benefits to legal immigrants

Entitlement Savings
- slows growth in Medicare spending by $115 billion over 5 years (agreement calls for charging beneficiaries a premium for home health care -- amounts to an average $12 per beneficiary for the first year
- **reduces Medicaid spending through reductions in DSH payments and increases state flexibility**

Welfare Reform
- creates welfare-to-work tax credit to help long-term welfare recipients obtain employment
- provides new flexibility for state to provide benefits for poor families

The Balanced Budget Plan also includes additional funding for such domestic priorities as transportation, the environment, housing and education.

The compromise was worked out between the White House and the GOP after the Congressional Budget Office identified an additional $200 to $225 billion in tax revenues over the next five years.

On the Medicaid side, $14.6 billion in savings is being proposed over a five year period. The Balanced Budget Plan does not include imposition of a per capita cap on Medicaid benefits. As you are aware, such a measure would have severely disadvantaged California which has one of the lowest

Medicaid expenditure rates per person in the country. However, the Department is still concerned about the proposed reduction in Medicaid disproportionate share (DSH) funding. California receives 1.1 billion in DSH funding annually -- $24 million at San Francisco General Hospital. At this point, it is unclear if the DSH reduction will be an overall reduction in federal spending or the imposition of more stringent participation requirements which would result in fewer hospitals gaining DSH designation. The California Congressional delegation voiced its concern and opposes any "indiscriminate" cuts in the Medicaid DSH.

At this time, we cannot say which of the proposals will be adopted in the final budget. The Department will continue to monitor the federal budget and keep the Health Commission and public apprised of any significant developments.

Welfare Reform

There has been significant interest on the federal level for maintaining SSI, Medicaid and Food Stamps eligibility for legal immigrants. Beginning on August 1, 1997 (in 87 days) elderly and disabled legal immigrants will start to lose their SSI benefits. As you are aware, Governor Wilson's 1997-98 budget proposes to continue Medicaid for legal immigrants.

Senators Chafee (R-RI) and Feinstein (D-CA) have introduced Senate Bill S-325 which would:

- grandfather in those legal immigrants who were legally in the U.S. and receiving SSI or Food Stamp benefits as of August 22, 1996 -- the date that President signed the Welfare Reform Bill, and

- grandfather in those refugees who were legally in the U.S. as of August 22, 1996.

The Bill would not affect legal immigrants entering the country after the August 22, 1996 who would remain ineligible for all these programs.

In addition, the Senate Supplemental Appropriations and Rescission Act of 1997 proposes a $125 million block grant to cover legal immigrants needs from the end of August 1997 through the remainder of the federal fiscal year which ends on September 30, 1997. While well-intended, the block grant is inadequately funded and sets up a cumbersome bureaucracy for States to receive the funding. In addition, because of the proposed block grant formula, a higher level of funding per person would go to States with few legal immigrants. There may be attempts on the Congressional level to replace this proposal with a short-term delay in implementing the denial of benefits to legal immigrants. This would be the preferred option. Delaying the implementation until the first of the federal fiscal year would provide Congress and President with time to seek a longer-term solution to this issue in the context of the current budget negotiations.

With respect to undocumented residents, the entire California Congressional delegation has urged for federal funding to reimburse States for the cost of providing emergency medical service to undocumented residents. While undocumented residents are ineligible for most welfare programs, a 1986 Social Security Act amendment made them eligible for emergency medical services (including childbirth) under Medicaid. It is critical that this cost not be shifted to States and localities.

Tobacco Litigation

You may recall, that at the time the Health Commission approved the Department's Record Retention and Destruction Policy that the City Attorney indicated that the policy should not be implemented given a pending document request in the State of California's Superior Court case against tobacco manufacturers. The State of California, along with other plaintiffs, is suing several tobacco manufacturers (*State of California v. Philip Morris, Inc.*) to recoup costs incurred in providing medical care to persons with tobacco-related illnesses.

Over the last two weeks, the Department of Public Health has been working with the City Attorney's Office in response to a request for all tobacco-related documents within our possession. In the discovery stage, the Defendants have requested various documents from the State and its political subdivisions (i.e., Counties). The requests fall into the following major areas:

- Financial information concerning revenue and expenditure of any tobacco-related funding (Prop 99);
- Health promotion and education materials developed, used or created by the Department to inform the public of the health consequences of smoking tobacco-related products;
- Research on the effects of smoking;
- Information regarding the tobacco industry's advertising and marketing of tobacco-related products; and
- Smoking policies for all Department facilities.

At this time, the Department's documents have not been reviewed. We have provided information to the City Attorney's Office concerning the location of relevant documents, that the extent to which documents may be responsive. The City Attorney has retained outside counsel to assist in the review of all documents and to prepare the response to Defendants' counsel. We are in the process of analyzing any cost impact associated with this massive request for information.

AB 816 Tobacco Control Funding

The fiscal year 1994-95 (AB 816) funds previously withheld from the City and County due to a lawsuit will be released in the amount of $234,406. This has come about because the Governor decided not to appeal the Court's decision that diversion of funds for perinatal outreach was illegal. The State will be providing guidelines for submitting a revised tobacco control plan and budget to incorporate the additional funds. Resolutions to accept and expend funds will be obtained from the Health Commission and Board of Supervisors after the plan and budget are revised.

Union of American Physicians and Dentists (UAPD) Tentative Agreement

I am extremely pleased to report that a tentative agreement has been reached between the City and UAPD for a new four year Collective Bargaining Agreement effective July 1, 1997. The agreement is subject to ratification by the UAPD membership and approval by the Board of Supervisors. I will brief the Commission on the details of the agreement once the membership has ratified it, which I anticipate will occur prior to the next Health Commission meeting.

COMMUNITY HEALTH NETWORK

Summary Findings of Equipment Survey of the Department of Radiology

Mr. Dan Henkel, Health Physicist, Radiologic Health Branch, Department of Health Services (DHS), conducted a survey of radiologic equipment and compliance with Title 17 regulations from

March 24-27, 1997. The review was prompted by anonymous complaints called into DHS over a one week period of time, regarding equipment safety and maintenance. DHS took the opportunity to conduct the regularly scheduled triennial review of all radiographic equipment under SFGH's license, not solely the equipment cited in the complaints. We are awaiting the result of this survey.

City Employee Health Plan Open Enrollment

The annual health plan open enrollment for all City employees and their dependents is April 28 through May 31. The Community Health Network (CHN), Administrative Services Organization, is coordinating marketing activities with the Health Service System throughout the month. A CHN pamphlet emphasizing choice, quality, access and convenience is being mailed out to employees residing in San Francisco and Northern San Mateo County. In addition, staff will be present at City and County open enrollment meetings and other DPH sites to explain services and to answer questions.

Critical Care Diversion for the Period April 1 through 30, 1997

The Critical Care diverted for 10.2% or 73 hours & 10 minutes. The Emergency Department diverted for 2.1% or 14 hours and 52 minutes.

EMS System Hospital Diversion Policy

As a follow up to my recent report about EMS System Hospital Diversion Policy, diversion involves two different categories of patients. Critical Care Diversion is enacted by a hospital when it determines, through pre-established criteria, that the facility is unable to accommodate additional critical care patients due to the unavailability of critical care beds. This change in status is then reported to CMED and to the base hospital. Examples of the type of patient that would be subject to critical care diversion are potentially life-threatening dysrythmias, status epilepticus or respiratory insufficiency with inadequate ventilation. Patients who are in cardiac arrest or immediately post arrest are not subject to diversion. The Base Hospital (currently SFGH) retains the ultimate authority in determining whether or not a patient is subject to critical care diversion.

Total Diversion is enacted by a hospital when the Emergency Department determines, through pre-established criteria, that they are unable to provide care to any additional ambulance patients and this change in status is reported to CMED and the base hospital. When five or more Receiving Hospitals are placed on a combination of CC or Total Diversion, the EMS Agency may suspend CC Diversion. Patients shall then be transported to the closest hospital not on Total Diversion. Once CC Diversion Suspension is lifted, all transports are conducted consistent with standard Ambulance Destination Policy (normal operating procedure).

During any period of CC Diversion Suspension, the EMS Agency staff member on call actively attempts to prevent the suspension from occurring, if possible, and if suspension is necessary monitors the situation closely, assisting Receiving Hospitals on a regular basis in their efforts to resolve their diversion status and lift the suspension.

William R. Haney Award of Merit

Laguna Honda Hospital was awarded the William R. Haney Award of Merit by the Forum for Health Care Planning. The Award of Merit was first given in 1958. In the mid 1980's, it was renamed in honor of William R. Haney, a former President of the Forum whose family established an educational fund in his memory. This year the award was in the amount of $3,000 to acknowledge LHH effective use of existing resources in the provision of care.

Health Fair

LHH hosted a highly successful health fair on April 30 in Simon Auditorium. An estimated 500 staff members walked through Simon Auditorium in which 65 health related fields were represented. Displays of blood pressure readings, body fat count, nutritional brochures, emergency preparedness home kits, exercise ideas, massage therapy, and self-healing were just a few of the topics featured.

PUBLIC HEALTH

Youth Empowerment Conference

In support of the Mayor's Office of Children, Youth and their Families, and the Youth Commission, the Department will participate in the Second Youth Summit scheduled May 31, 1997. DPH will host three booths at the Resource Fair highlighting nutrition, STD education, safety, the Community Health Network and health promotion. In addition a number of DPH staff will act as workshop discussion leaders. The goal of the Youth Empowerment Conference is to increase youth leadership, involvement, and empowerment activities and to connect youth throughout San Francisco to these activities.

AIDS Office Produces HIV Prevention Documentary

The lives of a group of "punk"/squatter Haight Street youth from San Francisco are documented in a new HIV-prevention video and workbook. The video, "Straight Dope: The Making of a Community-Level Intervention," was produced by the AIDS Office in cooperation with the LA Children's Hospital and the Haight-Ashbury Youth Outreach Team.

The video and workbook are intended as a tool for helping community based organizations develop subculture-specific HIV prevention interventions for high-risk populations. The predominately homeless group of punk/squatter youth, with the guidance of outreach workers, developed the prevention materials and activities for their peers, emphasizing harm reduction and risks related to injection drug use. 450 copies of the video/workbook sets will be distributed to community agencies and prevention organizations throughout the country. Alice Gleghorn, Ph.D., from the AIDS Office, has been instrumental in the production and distribution of this documentary.

Ambassador Hotel

Conditions at the Ambassador Hotel remain unchanged. The owners of the building continue to fail inspections, ignore deadlines and comply with plans to address numerous violations. The Department of Building Inspection has forwarded the case to the City Attorney and the State Franchise Tax Board for legal action. DPH has been actively moving HIV/AIDS residents who are clients of rent subsidy programs to other locations. Agencies that previously worked in the Ambassador have found (or are looking for) alternate office space in the neighborhood to continue serving their clients.

Starting Early, Starting Smart Grant Proposal

The Division of Mental Health , in partnership with the Edgewood Center for Children and Families' Research and Training Institute, submitted a proposal to SAMHSA in April for a Starting Early, Starting Smart Grant. Trained substance abuse clinical specialists will be stationed at six Head Start Centers and two community-based child care centers. There will also be a home based component in providing early intervention to the medically fragile infants involved with Child Protective Services and living in kinship homes.

Implementation Plan for Managed Care
On April 30 the Mental Health Board and DMS jointly sponsored an information session to receive public input on the Managed Care implementation plan. As you know, Mental Health will implement the second phase of its managed care plan in October, when the County will assume responsibility for payment and authorization of outpatient services for San Francisco Medi-Cal beneficiaries who require specialty mental health services.

The Consumer Family Task Force is holding meetings to review the plan as well. In the next few months, DMS will be working with consumers, family members, and the provider community in order to develop a provider manual and consumer handbook for the Mental Health Plan. At the same time, Mental Health is working with San Francisco Health Plan and California Care to insure there is a Memorandum of Understanding that outlines the areas for coordination between the mental health and health plans. These areas include pharmacy services, laboratory services, coordination of care and referral protocols.

Target Cities Project
The CSAS San Francisco Target Cities Project recently submitted the year five application for funding beginning October 1, 1997 - September 30, 1998. Following discussions, negotiations, and an official site visit, the project was awarded $3,950,000 for its fifth year, making it the largest funded Target Cities Project in the nation.

The award will support approximately $887,959 for the SSI research project, a new project funded this year; Criminal Justice Unit funded at $412,705, which will support Drug Court, Roads to Recovery, and the Prep Center assessment activities; $350,000 for Evaluation activities through UCSF Institute for Health Studies; $348,263 for Management Information System Completion; and $1,762,975 to support the Central Intake Unit. The project continues to fight for refunding of the Faith Initiative. Consistent with congressional mandates, CSAT has eliminated the funding of direct treatment services in this award.

BVHP-EATF
The Bayview Hunters Point Health and Environmental Assessment Task Force will be hosting a Town Hall meeting on May 17 from 10:00 a.m. to 1:00 p.m. at the Southeast Community College, 1800 Oakdale. The purpose of the Town Hall meeting is to introduce the community to the Health and Environmental Assessment Project. The Town Hall will provide an opportunity for the community to discuss concerns, review projects undertaken by the Task Force and join with the project to determine future activities.

5) PRESENTATION OF THE COMPREHENSIVE ENVIRONMENTAL LEAD POISONING PREVENTION PROGRAM AND THE ANNUAL REPORT ON CITY AGENCIES' PROGRESS

Karen Cohn, Director of the Childhood Lead Program, presented the first Annual Report on the City Agencies' progress in implementing the Comprehensive Environmental Lead Poisoning Prevention Program (S.F. Health Code Article 26, §1609). Each City Agency has submitted a progress report, with a review by the Director of Health and her recommendations to the Agency. (Attachment A)

The City Agencies are:

- Department of Human Services
- Recreation and Park Department
- Public Library
- Public Health
- S.F. Unified School District
- Public Utilities Commission and S.F. Water Department
- Tax Collector
- Department of Building Inspection
- Housing Authority
- Department of Public Works
- Real Estate
- Mayor's Office Programs
  - Mayor's Office of Children, Youth and their Families
  - Mayor's Office of Community Development
  - Mayor's Office of Housing
- S.F. Redevelopment Agency

Ms. Cohn reported that the following proposed legislation will be processed for public hearings and will be brought back to the Commission for consideration:

1. Amending the San Francisco Health Code, Article 26, Part II, Chapter V of the San Francisco Municipal Code by adding new authority for the Director of Public Health to require that owners of vacant non-housing sites take steps to determine the presence of lead hazards.

2. Amending Part II, chapter I of the San Francisco Municipal Code (Building Code) by adding a new Chapter 36 establishing requirements governing activities that remove or disturb painted surfaces containing lead based paint on the exterior of commercial, residential and public buildings.

Neil Gendel, representing the Community Advisory Committees for Lead Poisoning Prevention and Lead Hazard Reduction, commended the Department in its efforts to implement the 1992 legislation. He emphasized the importance of cooperation from local government agencies providing family and children's services and controlling public facilities used by young children. He promoted more children to be tested for lead poisoning by medical providers, better coordination of preventive health education, and continued financial support for the Childhood Lead Prevention Branch.

Dr. Hernández acknowledged Mr. Gendel's advocacy and stated the Department's commitment and high priority for this program.

Commissioners' comments:

- Commended Department staff for its quality work and comprehensive annual report.
- Emphasized the importance of data collection and analysis of the database.
- Lead poisoning prevention is a countywide issue.
- Supported the Department's multipronged approach to public awareness.

6) PRESENTATION OF THE ANNUAL REPORT OF THE HAZARDOUS MATERIALS ADVISORY COMMITTEE

Larry Meredith, Ph.D., Deputy Director for Substance Abuse, Forensics, Environmental Health and Safety, introduced Barney Popkin, member of the Advisory Committee, who presented the Committee's recommendations; and Sue Cone, Hazardous Materials Administrator, who presented the Department's response to the recommendations. (Attachment B). Dr. Meredith acknowledged Ben Gale, Director for the Bureau of Environmental Health.

Commissioner Parker inquired about penalties for non-compliance. Ms. Cone gave examples of fees collected for non-compliance.

Commissioner Guy requested information and comparative data on the hazardous materials neighborhood programs, which are under the Chief Administrative Officer (CAO).

Dr. Hernández pointed out that the policy issue of increasing fees in response to increased workloads has to be carefully analyzed before recommending increases to the Board of Supervisors.

Dr. Hernández commented that the Public Health Division needs a data information system. Much of the data presently collected is labor intensive. She emphasized the importance of useful data to develop good policy.

On behalf of the Commission, President Chow supports and encourages good data systems.

President Chow thanked Mr. Popkin and the work of the Advisory Committee and the Department staff.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

III. EXECUTIVE SUMMARY

REPORT FORMAT

A grid presenting the mandates of the 1992 legislation is included in Section IV., listing each Department accountable for that section.

The subsequent section is composed of individual Departmental and Agency reports, and recommendations from the Health Director. Where relevant, the contents of the Board of Supervisors resolutions are included prior to that Department's submittal.

A. Department Submittals: Many of the individual Departmental submittals to Mayor Brown are included in this report, when available. In other cases, the Departments and Agencies provided the Childhood Lead Prevention Program Manager, Karen Cohn, with a short summary of their activities to date and their future workplan.

B. Health Director's Recommendations: Following each Department's submittal, I have framed a few comments and concerns, all aimed at describing the steps needed to prevent childhood lead poisoning.

C. Department or Agency Response to draft Report: Each City Agency included in this report has reviewed the Health Director's recommendations to that agency in a draft report distributed in March 1997. Each agency had sufficient time to make additions and corrections to their submittal, or to provide a response to the recommendations. A thank you is needed for all of the Departmental and agency staff who helped provide valuable information for this report.

OVERALL RECOMMENDATIONS

This report describes the requirements placed on the Department of Public Health and other City Departments and Agencies under the 1992 ordinance and as urged by 1996 Resolutions. The goal of the report is to acknowledge that which is being accomplished and to show what is still needed.

It must be acknowledged that this is the first such report. All agencies involved in the mandates of Article 26 have been gradually coming to terms with their responsibilities. Many changes are necessary that require letting go of past practices or priorities and establishing new ones. It is a challenging task for most City agencies, sometimes operating without immediate or sufficient resources to focus the attention needed.

In general, the job is not yet done. There are findings of agencies with clear workplans, who have accomplished many of their mandated tasks. There are other findings that show agencies in crisis, unable to effectively construct or complete measurable workplans. Consistent issues across Departments also include the need for regular reporting, individual accountability, evaluation of project implementation with subsequent revisions based on findings.

Most departments have participated on the City Agency Task Force on Lead Issues, created by Section 1606 of the 1992 legislation. In this forum, agencies share technical knowledge, develop policy and report on the progress made by each agency. In this next year, there should be a renewed commitment to fully implement the workplans of each agency, and to participate in the City Agency Task Force in order to share resources. More specifically, in response to the required content of this report:

1609 (a)(1) ***The extent to which the City is providing community education, screening and treatment of children, lead hazard reduction (testing, interim measures and abatement), and enforcement of the provisions of the Program. Budget Needed.***

Many City Departments and agencies have begun community education efforts, including training staff that interact with parents and distributing educational materials. With many of the Departments and agencies, it is still necessary to institutionalize such staff training and education efforts so that they persist beyond a one-time effort.

Most City Departments and agencies have begun to prioritize the lead hazard assessment and reduction needed in their publicly accessible facilities, particularly those used by young children. However, *no* City Department or agency has adequate budgets reserved which would complete the overall needed assessment and hazard reduction.

1609(a)(2) ***The effectiveness of the program and the City agencies' efforts in implementation, including, but not limited to, additional actions needed to effectively implement and carry out the Program, the reasons why those actions are not being taken, and the plans of the relevant City agencies to implement those actions, including descriptions of specific actions, time lines and the work plans and budgets of all City agencies involved in implementing the Program.***

Many City Departments and agencies have begun to assign individuals to the tasks required to complete the above. Several of the Departments and agencies need greater individual accountability, greater management and peer support, and better communication skills with the community-at-large to be able to effectively implement their mandates under this Program.

1609(a)(3) ***Recommendations for legislation and regulations to improve implementation of the Program.***

Other legislation is needed in support of the previously established goals.

(1) An amendment of Article 26, Section 1625 is needed to allow the Health Department to complete its mandate to identify lead hazards in non-housing sites. This proposed amendment is being reviewed by the Lead Poisoning Prevention Citizen Advisory Committee for their endorsement.

(2) The Lead Hazard Reduction Citizens Advisory Committee has been drafting legislation, in partnership with the Departments of Public Health and Building Inspection, to regulate safe work practices on exterior lead-based paint. The draft legislation will be presented at a meeting for public comment on May 14, 1997.

1609(a)(4) *A survey of other state and local efforts to abate lead hazards which might provide models for improvements to this Program.*

Alameda County has a childhood lead poisoning prevention program that integrates health and housing expertise and activities. The Alameda County program has a substantial funding base, due to a $10/year pre-1978 property fee assessment collected in a Joint Powers Authority area of their County.

APPENDIX A

DPH RESPONSE TO RECOMMENDATIONS CONTAINED IN THE HMAC ANNUAL REPORT FY 1995-96

A-1 The Health Department should review its current three-year inspection policy and report its results to the Committee. The Committee recommends that the Department considers amending its inspection goal to once a year.

Since the beginning of the comprehensive inspection program (FY 1993-94), most businesses have been inspected once. Second inspections are just now beginning to take place. Businesses that present a potentially higher hazard to the public(acutely hazardous materials facilities) are inspected on an annual basis with fees collected specifically for that purpose. Once we develop an inspection history for businesses, then a study such as this can be performed. Current staff emphasis is upon increasing the number of follow-up inspections performed at businesses. These inspections provide a measure of the commitment to compliance by businesses. Businesses that do not demonstrate a strong commitment to continued compliance should be inspected on a more frequent basis. In order to perform more frequent inspections, staffing requirements, both professional and administrative, will need to be evaluated.

A-2 The Health Department should expand the Hazardous Materials data base to facilitate the above review. Useful additions would include capture of Hazardous Materials inventory information for transmittal to the Fire Department and tracking of violation information to determine degree of compliance by regulated businesses.

The HM Program does not currently have a method of automatically tracking violations identified during inspections. Therefore a review of business compliance history to facilitate the above review of inspection policies would involve a massive manual process. Program staff is currently in the process of data base modifications including accounting, inspections, inventory, and CUPA reporting. Many of these changes have been made necessary in order to comply with CUPA certification requirements. Data base work is currently being performed by MIS staff (accounting module) as well as program staff (inventory, inspections, CUPA reporting). Neither individual currently involved in this project has the time available to devote full time, since the MIS staff supports the entire bureau and HM program staff is responsible for half time field work.

A-3 The Department should continue to provide information and workshops to businesses using or storing hazardous materials (non-profits, and city agencies and department and related entities), including AHM facilities, to encourage the businesses to perform more frequent self-inspections, to take self-corrective actions, and to keep on-site documentation of self-inspections and self-corrective actions. Further, it should hire a health educator to expand outreach activities.

Program staff continue to offer work shops and Question and Answer sessions to businesses. Since the overwhelming majority of businesses in the program have been in the program for several years, attendance at the on-going compliance workshops is minimal. We expect that when the transition to CUPA is complete (July 1, 1997) attendance at these workshops will increase. Self inspection and correction is a requirement for compliance. and the presence of self-inspection reports and corrections is an item reviewed during our inspections. Absence of these reports results in issuance of a notice of violation.

B-1 The Health Department should consider temporary staffing, subcontracting to private contractors or combinations of staffing and contracting, under the oversight of the Department, to meet this increased workload (As a result of the approaching 1998 deadline for underground storage tank (UST) upgrades).

There are approximately 900 USTs in the City. Of these, about 300 do not meet the (December) 1998 requirements. Currently, HM Program work is scheduled such that staff has the capacity to perform at least 560 UST removals per year, as they are scheduled. During workshops, mailings and other communication with businesses, the need to take a proactive approach to meeting the 1998 deadline is stressed. The rate of UST removals has remained fairly steady for the past year at about 30 per month. Therefore, if this rate were to continue, current staff would be able to meet the demand to remove all of the out-of compliance USTs by January 1998, approximately 11 months prior to the deadline. Of course, there will always remain a small number of UST owners who are recalcitrant and who will delay the work until just before the deadline. However, given current staffing levels and projected workload analyses, we do not anticipate the need for additional staff in order to support the UST removal effort.

C-1 The Health Department should review current program registration and inspection fees and consider increasing them to cover a larger proportion of its HM and AHM program expenses.

HM Program staff is currently in the process of working with the City Attorney's office to draft an amendment to the Hazardous Materials Ordinance (HMO) to incorporate CUPA mandated changes. Since CUPA certification requires the issuance of an annual bill for several different programs, the fee structures for hazardous materials registration and hazardous waste generators will require modification, and new fee fees of new the new CUPA program element (hazardous waste tiered permitting) as well as the State surcharges will be necessary. The newly proposed fees will be such that they cover costs of program implementation.

D-1 The health Department should assure that it has sufficient staff resources, particularly, administrative staff to successfully carry out CUPA activities.

A rather extensive work load analysis was required to be performed as part of the application for certification as a CUPA. This analysis demonstrated that adequate field staff existed to implement the program as detailed in the application. Additionally, with the approaching 1998 UST deadline, presumably, more staff time will become available as USTs are removed in an effort to come into compliance. When this is expected to occur will depend on the *number of USTs that remain out of compliance as the deadline passes. (More USTs out of compliance will require a greater enforcement effort, and will mean that staff time does not become available until the enforcement actions are substantially complete.)*

However, since the CUPA application was drafted, the program has lost one FTE administrative staff. With the implementation of CUPA, the amount of administrative work is expected to increase substantially, considering that the current two-year registration cycle will become a one-year cycle. Therefore, rather than having approximately 1000 businesses renewing their registration in any 12 month cycle, there will be about 2000 registrations to renew on an annual basis. Since CUPA requires the consolidation of several programs, these applications will become more comprehensive, since they will include not only information necessary to support HM registration but the other programs as well. This would mean that any given application may take longer to process than it currently does. The exact nature of this time requirement cannot yet be determined since the forms for CUPA implementation have yet to be finalized by the State.

E-1 The Hazardous Waste Management Program should develop an alternative collection method for each neighborhood.

Neighborhood collection events are scheduled periodically throughout the year as needed. staging these neighborhood collection events is difficult in that there are many problems inherent in establishing a non-permanent site. These difficulties include primarily safety concerns such as site selection, management of materials brought to the site that should not be collected, (excess quantities, explosives, radioactive materials, etc.) excess traffic, etc. Citizens are encouraged to bring their household waste to the regular facility if at all possible and for those with limited mobility, arrangements can be made for pick-up.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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0/97

AGENDA

HEALTH COMMISSION MEETING

May 20, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:45 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF MAY 6, 1997**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) CHS-AIDS - Request for retroactive contract renewal with San Francisco AIDS Foundation/HIV Prevention Project (SFAF) in the amount of $100,000 to provide HIV prevention and education services to injection drug users for the period of January 1, 1997 through June 30, 1997. (DPH contracted with SFAF for services totaling $4,117,127 during FY 1995-96).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.).
(Sandra R. Hernández, M.D., Director of Health)

5) **PRESENTATION OF THE SUBSTANCE ABUSE TREATMENT ON DEMAND TASK FORCE REPORT, AND CONSIDERATION OF A RESOLUTION ENDORSING THE REPORT AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO ADOPT THE REPORT**

6) **PRESENTATION OF A STATUS REPORT ON EFFORTS TO EXPAND HEALTH INSURANCE IN THE CITY AND COUNTY OF SAN FRANCISCO**

- **OVERVIEW OF A COUNTY ORGANIZED HEALTH SYSTEM**
- **STATUS OF THE 1115 WAIVER PROCESS**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION
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Sandra R. Hernández, M.D.
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0/97

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, May 20, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Lee Ann Monfredini at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Edward A. Chow, M.D.

2) APPROVAL OF MINUTES OF THE MEETING OF MAY 6, 1997

Action Taken: The Commission unanimously adopted the minutes of May 6, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) **CHS-AIDS -** Request for retroactive contract renewal with San Francisco AIDS Foundation/HIV Prevention Project (SFAF) in the amount of $100,000 to provide HIV prevention and education services to injection drug users for the period of January 1, 1997 through June 30, 1997. (DPH contracted with SFAF for services totaling $4,117,127 during FY 1995-96).

Action taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

CENTRAL ADMINISTRATION

Managed Care Symposium

Last week I participated in a panel discussion for the Hospital Council's *Seventh Annual National Symposium on Managed Care*. The panel discussion focused on providing universal coverage in California through managed care delivery systems. As you know, managed care is becoming the dominate health care delivery system. As we look at developing a universal health care plan in our community, it is inevitable that the delivery system will incorporate managed care concepts and principles. Several other localities -- Minneapolis, Tampa, Birmingham, Seattle, Indianapolis -- have developed managed care plans to provide health care coverage for uninsured residents. During the panel discussion I provided an overview of the Mayor's Blue Ribbon Committee on Universal Health Care, its goals and models/options for expanding health care coverage.

Managed Care Enrollment

Medi-Cal managed care enrollment for San Francisco is 40,000. Of that total, the San Francisco Health Plan has 24,000 enrollees (60%) while the CaliforniaCare has 16,000 enrollees (40%). The enrollment reflects both mandatory and voluntary Medi-Cal enrollees. Maximum mandatory enrollment has been calculated by the State to be 37,000.

Welfare Reform Data Collection on Immigration Status

The Department has been approached by several advocacy groups to review its gathering and maintaining of immigration status information for persons seeking services at our facilities. In light of the passage of the Welfare Reform Act and Immigration Act, the Department shares the community's concern that the mandatory reporting provisions of both Acts can create a disincentive for persons to seek medical assistance.

Effective June 1, 1997 the Department has adopted a procedure by which we will only ask patients two questions related to immigration or residency status. The questions are: (1) are you a "refugee", and (2) are you here on a "tourist visa." Any patient response that is other than refugee or tourist visa is coded in a third and final category entitled "other." Our coding system is internal to the Department of Public Health and will not affect the Department's ability to obtain Medi-Cal reimbursement for covered services.

The Department's management information system is in the process of finalizing the new residency code system. In addition, a Departmental policy bulletin informing admitting, eligibility and registration staff of the new procedures is being distributed. I believe that this new procedure is consistent with current Departmental policy to provide services to all patients regardless of immigration status or ability to pay.

Mayor's Welfare Reform Task Force

Yesterday the Mayor presented the final report and recommendations from his Welfare Reform Task Force to the Board of Supervisors. The Task Force was formed in October 1996 to address San Francisco's response to Federal Welfare Reform. The Task Force made recommendations in the following areas: business advisory, child care, community resources, coordinating city budgets, DHS redesign, employment, education and training, housing, immigration, recipient and support services.

When available, the report will be provided to Public Health and Community Health Network division managers to ensure that specific recommendations concerning the Department are addressed. DPH has already begun working on recommendations from the Immigration Committee concerning identification of legal immigrants in our long-term care facilities, provider training on citizenship disability waivers and providing mental health services to legal immigrants on SSI.

State Welfare Reform Activities

The State Legislature's Special Committee on Welfare Reform has been reconstituted as the "superconference" committee on welfare reform. There have been 133 bills introduced with respect to welfare reform, including three superconference committee spot bills.

On May 8, 1997 Senate and Assembly Democrats released their "Welfare-to-Work Plan." In general, the plan is premised on emphasizing work and self-reliance while ensuring a safety net for children, the elderly and people with disabilities. The cost of the Welfare-to-Work Plan and restoration of services to legal immigrants is estimated to cost $850 million. The proposal rejects most of the Governor's welfare plan. Key components of the plan include:

- Three year time limit for TANF parents who are ready to work, and a five year time limit for those who need additional social or medical services (e.g., domestic violence survivors, people in mental health or substance abuse treatment);
- Additional funding for job training, job creation, child care and transportation;
- Partial State takeover of the General Assistance program with uniform State eligibility guidelines, regional grant levels and the State paying for 30% of the costs;
- State SSI replacement program for those losing Federal SSI benefits;
- State nutrition program for those losing Federal food stamps; and
- State funding for naturalization services.

This plan is not final and in no way constitutes an agreement on the part of the Legislature or the Administration. However, it does provide some indications as to the differing approaches taken by the Legislature and the Administration in implementing welfare reform.

Federal Welfare Reform Activities

Under a proposed budget agreement, disabled immigrants who are legal permanent residents in the United States as of September 30, 1997 would qualify for SSI, whether or not they were disabled as of this date. Immigrants who enter the United States after September 30, 1997 would not be able to qualify for SSI under any circumstances until they become citizens. In addition, refugees and asylees will be eligible for SSI during their first seven years (extended from five years) in the United States. The agreement would **not** restore SSI eligibility for elderly legal permanent residents (non-disabled), nor food stamp benefits for any legal permanent residents.

During consideration of the Fiscal Year 1997 supplemental appropriations bill, the Senate approved an amendment by Senators D'Amato, Feinstein, and others which delays the scheduled cut off of SSI benefits to current legal immigrant recipients until September 30, 1997 (rather than August 22, 1997). The amendment was also offered and approved in the House supplemental appropriations bill.

Federal Budget

The Federal bipartisan Balanced Budget Agreement of 1997 is now in writing; however, it is still subject to negotiations and Congress' appropriations process, and it will not be final until the President signs it into law.

The Balanced Budget Agreement makes the following assumptions concerning Medicaid: (1) net savings of $13.6 million over five years, (2) savings from reduced DSH payments, (3) repeal of the Boren Amendment and (4) converting managed care and home/community care waiver processes to State Plan Amendments -- 1915 waivers would be unnecessary. As you know, DSH funding and the Boren Amendment provisions are essential funding sources for safety net providers. The Department is working with our federal lobbyist, health care associations and other affected counties to eliminate these provisions of the proposed budget agreement.

State Budget - May Revise
Last week the Governor released his May Revise. Due to a favorable economy, State General Fund revenues are projected to be $2.3 billion more than anticipated for fiscal years 1996-97 ($960 million) and 1997-98 ($1.3 billion). However, under Proposition 98, 98% ($2.2 billion) of the new revenue must go toward K-12 education and the California Community Colleges. The revised budget includes $14.6 billion General Fund for Health and Welfare programs, up $8.8 million from the Governor's January budget.

According to the State constitution, the legislature must pass the budget by June 15, 1997; the fiscal year begins on July 1, 1997. The following are summaries of the key health-related proposals:

- AIDS Drug Assistance Program (ADAP): The revised budget includes $12.9 million General Fund to replace the previously proposed "contribution" of Federal Funds from Title I Eligible Metropolitan Agencies under the Ryan White CARE Act. The original proposal was expected to result in a loss of $2 to $4 million for San Francisco.

- Reduction in State's Administrative Fee for Disproportionate Share Hospital Program (DSH): The May Revise proposes reducing the State's administrative fee for DSH from $229.8 million to $154.8 million. This reduction would enable an additional $75 million in public hospital funds to be matched to the federal government. The Department is in the process of determining the fiscal impact of this proposal on San Francisco General Hospital. As you know, our 1997-98 proposed budget included a decrease in DSH funding based on the closure of two additional public hospitals. It is possible that any additional funding that might be derived from this proposal will be used to cover this decrease.

- Federal Funds for Undocumented Health Care: The revised budget includes $215.6 million General Fund for the costs of emergency Medi-Cal services to undocumented immigrants. The Governor now assumes that these costs will not be paid by the Federal Government.

- Prenatal Care to Undocumented Women: The Governor is still anticipating the termination of prenatal care to undocumented women. However, the revised budget includes an additional $7.1 million to extend the effective date for implementation from July 1, 1997 to August 1, 1997. The California Assembly and Senate Budget Committees have thus far rejected the Governor's proposal to terminate prenatal services to undocumented, restoring these funds in the budget proposal moving through the Legislature.

- Educational Revenue Augmentation Fund Proposal: The Governor proposes to transfer $100 million of property tax revenue to cities, counties, and special districts. These funds would be distributed to localities based on their share of the property tax shifted from them to the State to fund school districts. The amount would be adjusted to reflect Proposition 172 public safety revenues.

The Governor has made the following changes with respect to welfare reform in the May Revise:

- The revised budget restores $153 million in funds for the SSP portion of SSI/SSP based upon the assumption that the Federal government will restore SSI to all legal immigrants who were admitted prior to August 22, 1996.
- An additional $24 million has been restored for In-Home Supportive Services to legal immigrants receiving SSI. This is also based on the Governor's assumption that legal immigrants will have their SSI restored.
- Provides an additional $213.1 million for child care under CalTAP. The funds are a transfer from the State's $3.7 billion federal Temporary Assistance for Needy Families (TANF) block grant.
- Allocates $40 million of TANF funding for a new employment and training services program for non-custodial parents of children who are receiving AFDC.

In a new proposal, the Governor proposes eliminating regional center services for undocumented immigrants with developmental disabilities, resulting in State savings of $13.4 million.

A number of the assumptions made by the Governor in the May revise may be incorrect, particularly in assumptions concerning federal actions. The Department will closely monitor the budget processes at both the State and federal levels.

Sustainability Plan for San Francisco

The Department recently submitted proposed changes to the Human Health section of the *Sustainability Plan for San Francisco*. The Sustainability Plan establishes measurable goals and objectives in areas ranging from air quality to human health to economic development, and will provide a blueprint for the City's new Department of the Environment.

Pursuant to the Health Commission's direction, Department staff have reviewed the Human Health section of the plan to ensure that the objectives take into consideration national Healthy People 2000 goals as well as health status, trends and circumstances within San Francisco's population. The Department of the Environment is planning to present the Sustainability Plan to the Board of Supervisors for approval in late June 1997. The plan will incorporate the modifications made by the Department of Public Health. Implementation of the Plan will require the involvement of businesses, City departments, residents and other private entities.

Union of American Dentist (UAPD) Collective Bargaining Agreement

A new Collective Bargaining Agreement has been reached between the City and UAPD which will cover the next four fiscal years beginning July 1, 1997 and expiring June 30, 2001. The agreement calls for a 10% wage increase over the term of the agreement as follows: July 1997 - 2%, December 1997 - 1%, July 1998 - 2%, December 1998 - 1%, July 1999- 2%, July 2000 - 2%. The agreement also calls for a phased increased of the employer pick up of the employee's Retirement contribution from the current 6% to the full pick up of 7-1/2 by July 1998. Also, the City's payment for dependent health care premiums will increase from $175.00 per month to $225.00 a month on July 1, 1997.

An agreement has also been reached which, in my view, represents a significant achievement in these negotiations. There will be established a **Medical Quality Incentive Program** which will be jointly developed during the first year of the agreement and implemented in the second year of the agreement. This program will provide an incentive-based bonus payment ranging from 0 to 3% of a physician's prior year annual salary on medical quality standards to be developed jointly between the Department and UAPD. It is my expectation that this innovative program will be of mutual benefit to the Department and its physicians.

COMMUNITY HEALTH NETWORK

Mother's Day Activities at Laguna Honda Hospital

Carmen Policy, President of the San Francisco 49ers, his wife, mother-in-law and three members of his staff distributed plants on Mother's Day to the female residents at Laguna Honda Hospital. The residents were visibly appreciative of this thoughtful gesture. Debbie Tam, Nursing Supervisor, and Ida Pangan, Certified Nursing Assistant, are to be commended for their assistance in getting the plants delivered.

Members of the Police Officers Association took twenty LHH residents to a Mother's Day breakfast. They were assisted by CNA's and two LHH volunteers.

Peace Walkathon

As part of the CHN's ongoing involvement in violence prevention in the community, staff participated in the Second Annual Bay Area Peace Walkathon May 17. A wide range of health information was available for participants. Richard Cordova, Executive Administrator, CHN, was one of the walkers.

SFGH Staff Keynote Speaker

On May 17, Gene O'Connell, RN, MS, was the keynote speaker for City College of San Francisco's RN Nursing Commencement and Pinning Ceremony.

Perinatal Clinical Nurse Specialist Leaving SFGH

Kami Timm, RN MSN, Perinatal Clinical Nurse Specialist, will be leaving SFGH after 16 years of service. During her tenure at SFGH Kami has worked as a staff nurse, clinical educator, and clinical nurse specialist. Among her many accomplishments Kami chaired the Infant Security Task Force which resulted in improved infant/child safety. She was also instrumental in the implementation of the Watchild Clinical Information System. Kami is leaving SFGH to accept a position in Napa closer to her home and family. Staff and colleagues will be able to say farewell to Kami May 29 from 2-4 p.m. in Room 2A-6 at SFGH.

Critical Care Diversion for May 9 through 18

The Critical Care diverted for 0 hours. The Emergency Department diverted for 1.6% or 3 hours and 35 minutes.

PUBLIC HEALTH

Bayview/ Hunters Point

The Bayview/Hunters Point Health and Environmental Assessment Task Force held its first Town Hall meeting May 17. Over 60 people spent a hot morning and afternoon reviewing information on the causes of morbidity and mortality in the Bayview/Hunters Point community, which far exceeds the statewide average for preventable hospitalizations for several health conditions. There was also extensive discussion of how to gain the consent of the community to conduct further research, to hire community residents to help in the research, to regularly report back research findings and to work with the community to develop effective interventions to improve health status.

This partnership between the department and the community began two years ago when a proposed new power plant became a major issue. The Task Force has remained together and has broadened its focus to include all matters affecting community health.

Work Place Safety for General Assistance Recipients

On, May 12th, the General Assistance Rights Union (GARU) held a demonstration outside 101 Grove to ask the Department to investigate possible unsafe working conditions experienced by General Assistance recipients who are performing their workfare responsibilities in City facilities. Specifically, the GARU delegation cited washing buses and removing graffiti at MUNI, handling of dirty needles as part of street-sweeping for DPW, handling soiled laundry at SFGH and handling dirty needles and feces when cleaning park areas for Rec/Park. GARU asked that the department investigate to determine whether the City is providing the same training and protections afforded Civil Service employees.

Vickie Wells, Director of the Occupational Safety and Health Program for the Department, requested information on working conditions, training and protections from the health and safety staff in each of the City departments cited by GARU. We expect to have all of the responses by the end of this week.

The City Attorney has given us the opinion that public assistance recipients who are supervised by City employees are subject to the same protections and enforcement under Cal-OSHA as Civil Service employees, which supports our position that, from a public health perspective, there is no distinction between a public assistance recipient and a Civil Service employee who might be exposed to unsafe working conditions. We will pursue this investigation until we are satisfied that the training and protections afforded to General Assistance recipients are the equivalent of those provided to City workers.

Art On the Front Lines of Healing

Over two hundred people attended the opening of the exhibit "Art on the Front Lines of Healing" on May 9, held at the War Memorial Building.

The show featured work done by both professional and first time artists, who find healing in their art. The artists represented a wide array of serious illnesses and disabilities, including: breast cancer, leukemia, AIDS/HIV, mental illness, Alzheimer's and developmental disability.

The twofold message of the show is: (1) art can mobilize a person's inner healing resources, and (2) it's crucial to respond to the whole person, not just the illness.

The show, which will run through June 30, was designed and organized by the Mental Health Board of San Francisco.

SF SAFE Kids

The San Francisco Safe Kids Coalition, working collaboratively with ten other agencies, held the first ever Family Safety Obstacle Course at the Tenderloin Children's Playground on Saturday, May 10. The obstacle course was designed to be a fun way for a wide variety of families to learn ways to prevent unintentional childhood injury. There was broad participation from a number of City agencies, including an appearance by Mayor Brown and Fire Chief Demmons, who helped kick off the event.

Over 25 businesses donated prizes, including 300 pairs of Giants tickets, teddy bears, bicycle helmets, smoke detectors and booster car seats. Two hundred and five children completed the course. 400-500 people were fed thanks to donations by the Hilton, the Marion and Double Rainbow.

Many thanks to the 60 volunteers from the planning agencies who participated, along with the Mayor's office, San Francisco Health Plan, Blue Cross, Tom Waddell Health Center, and even several of the businesses that donated prizes.

For the San Francisco Safe Kids Coalition, the event helped broaden and strengthen our visibility in the Tenderloin and allowed us to establish an excellent working relationship with many other City agencies. A report, *Profile of Childhood Injury*, was prepared with the assistance of Gregory Nah at the San Francisco Injury Center. The SF Safe Kids Coalition intends to distribute the report in the following weeks.

Homeless Perinatal Conference

The Department's Perinatal Services, Bureau of Children, Youth and Families, organized the first Regional Bay Area Conference on Homeless Perinatal Issues on May 16th in Oakland. Representatives from six Bay Area counties participated. The Conference brought together nearly 130 participants from over 60 different health and social service agencies to exchange information on strengthening homeless families and to establish regional networks among providers, promoting collaboration and advocacy. Homeless women and their children also participated. Kathryn Hall, nationally known founder of the Birthing Project, delivered the keynote address. It should be noted that Ms. Hall was at one time a homeless mother with two children, living in the Oakland bus station. She has since received advanced degrees from UCLA and has been the subject of much national attention. Conference evaluations were favorable, suggesting a continuation of this new regional collaboration. The conference was organized through the State MCH Allocation grant.

Consensus meeting on HIV Prevalence and Incidence in San Francisco Held

A meeting of local experts and scientists was convened on May 12, 1997 to update the prior HIV consensus report from 1991. The meeting was attended by 33 researchers from the San Francisco AIDS Office, STD Control, Community Substance Abuse Services, SF General Hospital, UCSF, UC Berkeley, and several community-based organizations. Additionally, representatives of the SF HIV Prevention Planning Council (HPPC), HIV Care Council, CDC, and San Mateo, Marin and Los Angeles Health Departments were present. Data from over 20 recent studies were presented and reviewed. Based on this review of the data, the panel estimated that 15,000 persons are living with HIV in San Francisco, representing approximately 2.1 % of the population. The majority of HIV infections are among gay and bisexual men (88%), followed by intravenous drug users (IDU) (8.7%). An estimated 500 new HIV infections will occur in the next year, with 67% among gay and bisexual men, and 24% among IDU. Heterosexual men and women accounted for 3% of prevalent infections and 9% of incident infections.

These figures are substantially lower than estimates made at a similar meeting held in 1991. Declines in the estimated existing and projected new infections can be attributed to: (1) more accurate information on the populations at risk, and (2) decreased rates of new infection, due in part to successful HIV prevention efforts in San Francisco. Declines in HIV incidence were noted in all transmission categories.

Once completed, a final copy of the document will be circulated to the Commission as well as the public.

HIV Vaccine Initiative Announced.

Over the weekend, President Clinton called for the development of an HIV vaccine within a decade. San Francisco can be proud of our role in reaching this goal. Health Commissioners will remember that they approved a contract approximately one month ago authorizing the Research Branch of the AIDS Office to proceed, along with 14 other sites, with a Phase II clinical trial of two HIV vaccines. Thirty HIV-uninfected gay and bisexual men from San Francisco, out of 420 men and women nationally, will be enrolled in the trial. The contract has since been approved by the Board of Supervisors and the Mayor's office.

The trial will test whether these vaccines, rgp120, and vCP205 (also known as ALVAC), can safely stimulate an immune response to HIV. Both use different means of presenting pieces of HIV to the immune system, to train the immune system to recognize real HIV later. Only one other vaccine (an earlier version of gp120, used alone) has made it to the Phase II trial stage. The outcome of this trial will determine whether to pursue a much larger Phase III trial to measure the effectiveness of these vaccines in actually preventing HIV infection. Susan Buchbinder, MD, the Chief of the AIDS Office Research Branch, is principal investigator of the San Francisco site, and serves as one of four co-chairs of the trial's protocol team.

Stop Red Light Running Pledge Day

Mayor Brown helped kick off the Department's "Stop Red Light Running Pledge Day" on May 14th at a noon Rally co-sponsored by KMEL radio at Justin Herman Plaza. Jim Brennan, a victim of a March 5th red light runner, was there to accept the pledge cards and a proclamation from the Mayor declaring it "Stop Red Light Running Pledge Day" in San Francisco. The Emergency Medical Services Agency organized the event as part of their grant-funded campaign to combat this dangerous and prolific practice among many drivers in San Francisco. Although recent police reports indicate a reduction in the number of red light runners since the "Stop Red Light Running" campaign began, we continue with our efforts to change this city wide habit and keep the intersections safe for both vehicles and pedestrians.

April 1997 Department Statistics are available at the Commission Office.

SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT
March-April 1997

	Appointments		Reappointments	
	Medical Staff	Affiliate Staff	Medical Staff	Affiliate Staff
Active	16		19	
Courtesy	53		50	
Associate	3		0	
TOTALS	72	12	69	12
Resignations	7	1		
Applications	102			

5) PRESENTATION OF THE SUBSTANCE ABUSE TREATMENT ON DEMAND TASK FORCE REPORT, AND CONSIDERATION OF A RESOLUTION ENDORSING THE REPORT AND URGING THE MAYOR AND THE BOARD OF SUPERVISORS TO ADOPT THE REPORT

Larry Meredith, Ph.D.., Director of Community Substance Abuse Services, reported the following: The "Substance Abuse Treatment on Demand: First Steps Plan" represents the beginning of a journey to ensure that alcohol and other drug treatment services have the capability and capacity to address the multifaceted needs of all substance abusers in a prompt, culturally competent manner as an integrated component of health and human services. The 37 member Planning Council appointed by the Department has performed an invaluable function within a compressed time frame. Research findings and treatment alternatives have been reviewed, consumers, agency staff and professionals have provided their perspectives, community meetings have been held in the Tenderloin, Mission and Bayview Hunters Point districts, so the voices and concerns from the neighborhoods could be factored into the process. Based upon this data and extensive deliberation the Planning Council developed a series of recommendations to guide the implementation of substance abuse treatment on demand.

The Executive Summary is attached. (Attachment A).

Members of the Council presenting various aspects of the report were:

Norma Hotaling
Ada Renee Williams
John Nickens
Jennifer Friedenbach
Carlos Morales
Michael Siever

Dr. Meredith reported that the Drug and Alcohol Advisory Board have supported the Plan.

Vice President Monfredini commended the Council for a thorough, well organized, and easy to read document.

Commissioner Barnes thanked the Council members and the Department staff for this momentous occasion.

Dr. Hernández thanked the Council and Charlie Morimoto, DPH Integration Specialist, for his work on the concept of integration of services as they relate to substance abuse. She emphasized that public health is not a stand-alone system and that the implementation of this Plan is a challenge. She acknowledged the great passion for this issue and that all entities need to embrace this Plan. She noted that the challenge is to be patient in order to see the results over a period of 2-5 years. She encouraged everyone to be persistent and keep drug treatment on demand as a high priority.

Action Taken: The Commission unanimously adopted Resolution #14-97, "Supporting the Department of Public Health's Substance Abuse Treatment on Demand: First Steps Plan, to Guide the Augmentation of alcohol and Drug Services in Fiscal Year 1997-98," (Attachment B).

6) PRESENTATION OF A STATUS REPORT ON EFFORTS TO EXPAND HEALTH INSURANCE IN THE CITY AND COUNTY OF SAN FRANCISCO

In response to Commissioner Barnes' questions raised at a S.F. Health Authority Board meeting, Dr. Hernández presented a progress report on the work of the Mayor's Universal Health Care Blue Ribbon Task Force, including an Overview of a County Organized Health System, and a Status of the 1115 Waiver Process, (Attachment C).

Dr. Hernández reported that the Blue Ribbon Task Force intends to bring recommendations to the Mayor by July 1st.

Commissioner Guy raised the question of quality of care within existing County Organized Health Systems from the consumers point of view. The Department will research this issue.

The Commission thanked Dr. Hernández for the update and looks forward to hearing the recommendations of the Blue Ribbon Task Force.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

Executive Summary

Introduction

Much of the country looks to San Francisco as an innovative city, and a great deal of the critical innovation has had a distinct social agenda. Because of its pioneer history, its historic ethnic diversity, and its traditional social tolerance and understanding, San Francisco has paved the way for many important advances in social policy, health care, and service response.

The development of a health care system that is responsive to the prompt need for substance abuse treatment is clearly in keeping with San Francisco's history and culture. The goal of treatment on demand is to make appropriate services available to an alcohol or other drug dependent individual when he or she is ready to participate in a program. This innovative development is also marking San Francisco again as a leader in social and health policy, with many other cities, counties, states, and several federal agencies watching closely. San Francisco, the city that "knows how" is again stepping up to meet the challenge of a socially and politically complex problem. As the system is developed and tested, not only will San Francisco learn important lessons in substance use prevention and treatment, but others will use the knowledge to bring better services to populations at risk and in need in other parts of the State and the country.

The system that will be presented in this plan is but a beginning. Treatment on demand will not be achieved in a week or a year. It will require the building of new services, the systematic enhancement of others, and the genuine integration of all. A true treatment on demand system will require a philosophy that ensures that every door into the system leads to appropriate, prompt treatment. Each door into the system must be a gateway, leading to the right services, not to a waiting list and a promise of treatment. Finally, the services that are crucial to the building of wellness must be both available and appropriate. For the mother with children, services must include care and treatment for her family, and protection from being separated from them simply for seeking treatment. For homeless people, the movement to wellness and self sufficiency must include the security of safe housing from which substance dependence can be overcome and a life can be integrated in the larger community. Each of the populations that have been considered in the development of this plan has critical needs in overcoming substance abuse, and those needs have been thoughtfully addressed in the development of the "First Steps Treatment on Demand Plan".

The characteristics that will mark this treatment on demand system as fundamentally different include:

- Accountability of all services for the quality and continuity of the services provided;
- A focus on the preservation and support of families affected by substance use;
- A commitment to services that respond to cultural and linguistic diversity; and,
- A commitment to the belief that movement away from use is a step toward wellness and should be encouraged through the active support of harm reduction approaches.

If this treatment on demand system was focused solely on chemical dependence, it would fail; substance abuse is not a chemical problem, it is a life problem. If the plan did not address the need for reducing harm as an integral part of a complete system, it would fail many who are prepared to make constructive and healthy changes. This system is based on the belief that the health and well being of San Francisco residents can be significantly improved; its success will also create a pathway that other concerned areas can follow.

Philosophy

There is a need for new and expanded services as well as for refining and enhancement of current systems. There is a need for a coordinated continuum of services with a clear philosophical core. That coordinated continuum must have a clearly understandable and recognizable entrance that will lead clients in need to the services that will support them to wellness. Services must work together for the good of the client, and must be accountable to the client, to the service system, and to the larger community. The philosophical core must include the following key principles which were derived from the Public Hearings and Planning Council discussions:

- That while abstinence is the ultimate goal of any substance abuse treatment system, harm reduction is an important part of addressing the practical realities of an individual's needs;

- That programs must be culturally competent and sensitive, and deal with the complexity of an individual's life situation and requirements for full recovery;

- That programs must work with the client in the context of her or his family and community so that recovery leads them to an integration with those systems;

- That programs must work to advance the recovery of the client in the many aspects of their healing, whether that work is through a single program or through the linking of multiple programs;

- That while programs should be free to be creative in offering services there must be accountability for both the functioning and outcomes of the program; and,

- That the dignity and safety of each client is a paramount concern.

Synopsis of the Need

It is estimated that there are at least 90,000 people in San Francisco who are at risk for increasingly severe problems related to alcohol and/or drug abuse and of those, at least 45,000 have major problems where treatment is indicated. Of those 45,000 people, approximately 12,000 have at least one treatment episode annually, approximately 10,000 are on waiting lists for treatment annually, and 23,000 are not seeking treatment since there is insufficient treatment capacity to meet their needs.[1] The estimated total cost of untreated substance use in San Francisco in 1996 was 1.7 billion dollars. Health related costs were $281 million; lost economic productivity costs were $358 million; business costs were $169 million; criminal justice costs were $83 million; and the costs of social services and education were $350 million. Approximately $47 million dollars was spent on substance use treatment.[2]

In 1994-96, San Francisco ranked in the top five cities in the United States for heroin emergency room mentions; for cocaine emergency room mentions; for methamphetamine emergency room mentions; for marijuana emergency room mentions; and for AIDS cases.[3] While all of these numbers are stark, they do not begin to communicate the personal and social toll of drug use/abuse on the residents of San Francisco.

Review of the Planning Process

In December, 1996, responding to the Board of Supervisors' Resolution Number 1055-96, introduced by Supervisor Leal and unanimously endorsed by the Board of Supervisors, Community Substance Abuse Services (CSAS) of the San Francisco Department of Public Health, initiated a community based planning process to develop a substance abuse treatment on demand system. The Department of Public Health believed that an informed community planning process to guide the development of a treatment on demand system was essential to ensure the responsiveness and completeness of the planned system. The planning focused on the development of an accessible, culturally appropriate, client/family centered, system that helps keep people out of institutions and jail and supports their movement to substance free living and integration into the larger community. The goal of treatment on demand is to reduce delays in gaining access to substance abuse care by providing appropriate treatment services to those in need in a prompt manner.

A forty member Planning Council was then appointed by the Director of CSAS in February, 1997. This Planning Council focused on information gathering, data analysis, service and system improvement, and intervention development recommendations until May 8, 1997. Council membership represented the diversity of perspectives in San Francisco and included consumers and providers of substance use treatment and other related services, community leaders, and representatives from other City and County departments and community perspectives.

The Council focused on ensuring that the treatment system has a core of services and a treatment approach underpinning those services that will serve all the populations in need. Key treatment system issues include:

- A clear pathway into services;
- Outreach for access/entry to services;
- Strong linkages between and among drug treatment and support services;
- Harm reduction as well as abstinence based programs;
- Holistic approach to substance use treatment including health, mental health, employment, legal, educational and social services;
- Secure, safe housing that will not be jeopardized by entry into treatment;
- Non-judgmental, non-punitive programs and service providers, including not terminating services when an individual relapses;
- Services that are client/family focused;
- Aftercare services; and,
- Programs and system-wide enhancements that are culturally competent.

Overview of the Plan

This first phase of planning focused on the needs assessed as being critical by the Planning Council. The interventions developed by the Council give direction to the new system and create a foundation on which future planning will develop. As the plan is moved to implementation and beyond, the learning that accompanies those processes will inform each new round of planning leading to a complete continuum of prevention and treatment that responds to the evolving needs in San Francisco.

There are three components that are considered basic to the successful development and integration of the treatment on demand plan. The first is cultural competency, the second is program and system integration, and the third is program and system accountability. These issues will be presented followed by recommended system enhancements and treatments.

Cultural Competence

Ensuring the cultural competency of programs within the CSAS system and of the system as a whole, must be an integral part of developing treatment on demand for all San Franciscans who are experiencing the negative consequences of their alcohol and other drug use. Lack of cultural competence is one of the significant factors currently preventing full access to the system and interfering with treatment acceptance, adherence, and success. The Planning Council defined culture as race, ethnicity, gender, gender identity, sexual orientation, class, age, family status, language spoken and understood, and physical and mental disabilities. Cultural competency is based on a philosophy of respect for and sensitivity to cultural diversity. It requires demonstrated awareness and acceptance of and openness to learning from the general and health-related beliefs, practices, traditions, religions, history, languages, and current needs of individuals and the relevant cultural groups to which they belong. As it relates to the delivery of health care services, cultural competency requires a willingness and ability to work effectively with and provide appropriate care for the range of culturally designated populations. In order to begin the process of ensuring greater cultural competence in programs, the Planning Council developed a number of action steps.

Program and System Integration

Recognizing that many substance abusers have multiple problems and needs such as housing, job training, employment, primary care, mental health, childcare and legal services, that must be met in order to achieve wellness, a seamless system approach that integrates substance abuse services with other systems is critical. System integration will require not only a continuum of services, but the means to move people easily across services as needed.

Two conditions must exist for program and system integration to occur. The first is that there must be increased capacity in the system. The second is that there must be clear mechanisms to ensure the accountability of services. Programs must be accountable for both the quality and quantity of the services provided. Accountability also requires that services be responsive to the needs of difficult to serve clients, such as multiply diagnosed people, as well as those served easily, and that program eligibility criteria not be a means for rejecting the difficult to serve. The Planning Council identified a number of steps to improve program and system integration.

Accountability

There are issues of accountability that exist in the current system that must be addressed if the treatment on demand system is to develop and be responsive to all substance users desiring treatment in San Francisco. Programs must have client centered goals, outcomes, harm reduction and cultural competency, creating a fluid system that responds to the client's needs. Programs must be able to measure how the lives of people who receive the services are affected by the services they receive. The system must both support services in referring clients to other services that can best serve them, and not allow for difficult clients who can be served to be turned away because they are difficult to serve. Clients and the communities that are served by the system must be a part of service accountability as actors in service development, and as evaluators of the goodness of those services.

CSAS itself must also be accountable in this new system, with measures that insure the quality of services provided, reward sound financial approaches, and enable productive decisionmaking regarding treatment, prevention and policy. CSAS must proactively foster a sense of cooperation rather than competition among programs, and have the flexibility to adjust to the changing needs of the population. Again, the Planning Council developed recommendations to improve accountability throughout the service delivery system.

Rating of Recommended Interventions

The decisionmaking to rate recommended services was complex. The Planning Council wanted a distinct message sent with the service/program ratings that there should not be a hierarchy of misery through a prioritization of need. The members believed that all the groups considered by the Council had a great depth of need and that all of the interventions developed are critical. The final ratings present the sequence in which the treatments, services and enhancements should be implemented. This system was intended to indicate that there are services that are crucial to implement immediately, and others that should follow.

The Planning Council indicated that the first rated models or elements are a necessary base for any treatment on demand system of services. All of the elements which are included were seen by the Planning Council as critical for a complete system addressing treatment on demand for the populations in need in San Francisco. The Planning Council was very clear that in order for the overall system to function to its maximum capacity, all of the elements must be developed. The Planning Council did not wish to indicate that any of the later elements or models presented in the plan were less critical than any of those presented earlier.

System Enhancements and Interventions

Two types of development have been recommended by the Planning Council. The first is a series of "System Enhancements" all of which are intended to be developed as services are created. System enhancements are changes in services or systems which will create greater accessibility, appropriateness or availability for underserved populations not requiring the development of new programs. A number of the system enhancements will require the development of new linkages between programs and systems such as better linkages between treatment and vocational and educational resources. Others will require training, such as training on substance abuse treatment for police officers; diversion programs for parolees, ex-offenders, youth, and multiply diagnosed people; These enhancements will also require improved linkages among services and systems. Finally, other enhancements include adding services or approaches to current programs and system orientation, such as smoking cessation, and needs assessment and strategic plan development for youth.

The Planning Council expressed a special concern for women; women with children, sexually traumatized women, women of color, and prostitutes; that the complexity of their lives was too frequently not dealt with in current services either through a lack of capacity or a lack of appropriate programs. Families in all their configurations were a focus of the Council's concern. That too often the beginning of working toward wellness for the substance user leaves the family behind, or even creates new problems for families.

Youth were another focus of special concern for the Council. A lack of appropriate prevention and intervention services should not be the reason a youth graduates into adulthood as a substance user. Substance use services for youth must be able to work effectively with court diversion programs so that youth are given real opportunities to reorient their lives toward wellness.

Finally, in its work, the Council focused on other populations for which the current system either lacks capacity or appropriate interventions. Such populations include homeless people, the multiply diagnosed, communities of color and seniors.

Overview of System Enhancements

System enhancements recommended by the Planning Council focused on some key areas in substance use treatment.

Integration and Linkage Enhancements:

- Enhanced Integration of Services
- Development of Community Partnerships
- Better Linkages Between Treatment and Vocational and Educational Resources
- Hospital Medical Discharge Linkages to Substance Use Services
- Better Links to Veterans' System for Veterans

Jail & Prison Service Enhancements

- Police Officer Training on Diversion Options for Parolees, Ex-Offenders, Youth, and Multiply Diagnosed People
- Diversion to Treatment and Home Detention Treatment Services for Parolees/Ex-Offenders
- Formalized Discharge Planning from Jails and Prisons for the Incarcerated

Enhancements Focused to People with Disabilities

- Needs Assessment Services for Hearing and Visually Impaired People
- Linkage with Disability, Advocacy, and Services Organizations for People with Disabilities
- Ombudsman for People with Disabilities
- Sites Must Meet the Americans with Disabilities Act

Treatment Enhancements

- Faith and Spiritually-Based Interventions
- Smoking Cessation in Drug Treatment
- Enhanced Detoxification Services
- Housing Support for Homeless Substance Users
- Family Focused Integration into Programs for African American Neighborhoods
- Nonresidential Treatment for Latino Adults
- Nonresidential Treatment for Latino Youth
- Multi-Disciplinary Teams in Treatment Settings for Multiply Diagnosed People
- Needs Assessment and Strategic Plan for Youth

Other Enhancements

- System-wide Grievance Procedure
- Strategies to Reduce Environmental Attractions to Substance Use
- More Accessible and Increased Availability of Needle Exchange for Lesbians, Gays, Bisexuals, and Transgender People
- Transitional Family Reunification for Parents
- Training and Education Mobil Team and Program for Sexually Traumatized People

Each of these enhancements is described in Chapter IV.

Overview of Treatment Interventions

The Planning Council developed a range of treatment interventions focused to a variety of populations. In this section examples of those interventions will be outlined; the full range of services is described in Chapter IV.

Residential and Day Treatment Services were recommended focusing on populations in need of enhanced access and culturally structured services. An example of these programs was residential and day treatment based on a spectrum from clean and sober to harm reduction treatment. These programs should be linked to women-specific health care centers as well as general health care, transitional housing, job training opportunities, educational and literacy services, the criminal justice system, social services, family reunification, CAAB, DAAB, mental health and on-going technical assistance and training. This treatment model will have three focuses:

- **Nonresidential treatment in housing developments for African American women in Bayview/Visitacion Valley.**

- Sexual trauma intervention program for prostitutes in Bayview/Visitacion Valley, the Tenderloin, and Mission Districts.
- Women centered, peer/clinical counseling for heterosexual, lesbian, transgender/HIV$^+$, African American, and Latina women in the Bayview, the Tenderloin, and Mission District.

Services for Youth were recommended to both prevent and treat substance use. Key service recommendations included: city-wide centers for youth as critical to a treatment on demand system. This program will have three focuses:

- **Multi-service treatment center:** The program should be a collaborative program with a substance use focus emphasizing prevention and intervention. Youth at risk for substance use and those who are already drug involved are the target population for this program. The program should offer services city-wide.
- **Nonresidential treatment facilities:** Youth nonresidential treatment facilities in Bayview, the Mission and city-wide are recommended by the Planning Council. The Planning Council identified a special need for this type of program in Bayview.
- **Mentoring program:** The Planning Council recommends the development of a mentoring program targeting youth seeking assistance with substance use problems.

Services for Families were developed by the Planning Council. The Council recognized that what constitutes a family occurs in various forms beyond the traditional sense. The constellation also includes gay/lesbian parents,, grandparents, extended family members, siblings, and single males/females raising children. Services focused on the development of services that would treat the family as a unit as opposed to services towards the individual. An example of those services is: **African American Family-Focused Multidisciplinary Nonresidential Services.** African American family-focused multidisciplinary nonresidential services are another critical element for a treatment on demand system of services. These services should be concerned with all substances used. Drugs of particular concern are crack and cocaine. Populations of specific concern include women and children, families from low socioeconomic status, grandparents and African American neighborhoods. These services should include child day care, therapeutic housing projects and harm reduction based collateral services.

Aftercare Services were also developed for women, multiply diagnosed people, and families.

Outreach Services recommended by the Planning Council include the development of a category of a super outreach worker. There are three focuses of this outreach intervention:

- **Education, needle exchange, social services vouchers, treatment vouchers, and street based interventions:** Would provide services on a 24 hour basis to match user's schedules.
- **Substance use management for current non-abstinent users:** Interventions would be developed to help all current substance users reduce the harm caused by their use.
- **Direct Outreach to Dealers and Gang Members:** An intervention that focuses on direct outreach to drug dealers and gang members for purposes of behavior modification would be developed. This outreach should be provided especially on entitlements nights and on the weekends.

Services For Probationers, Parolees and Ex-Offenders included a recommendation by the Planning Council to expand capacity in jails for substance use treatment. There are two focuses to this intervention:

- **Stabilize funding sources:** Populations targeted for this program are those who have been traumatized and are suffering from post traumatic stress syndrome. These populations include parolees and ex-offenders as well as those who are multiply diagnosed.
- **Educational and vocational programs:** The Planning Council recommends providing educational and vocational programs for people in jail with referrals to outside services and programs.

Methadone Treatment Services that were recommended by the Council included: The development of more publicly funded slots for methadone treatment. These slots should be easily accessible and require no minimum or co-pay for participation in the program. Programs should be gender specific and include options for pregnant women. The Council also recommended the development of Methadone services that taper towards abstinence.

Detoxification Services recommended included development of capable and easily accessible social and medical detoxification services.

Services to Seniors included a recommendation that seniors who have housing have access to nonresidential treatment services and that services should be offered on a city-wide basis.

The interventions shown above are examples of the critical services developed by the Planning Council.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-97

SUPPORTING THE DEPARTMENT OF PUBLIC HEALTH'S SUBSTANCE ABUSE TREATMENT ON DEMAND: FIRST STEPS PLAN TO GUIDE THE AUGMENTATION OF ALCOHOL AND DRUG SERVICES IN FISCAL YEAR 1997-98

WHEREAS, alcohol and other drug related problems have reached epidemic proportions in San Francisco with emergency room rates for heroin, cocaine and methamphetamine indicators leading all other U. S. metropolitan areas; and,

WHEREAS, substance abuse causes individuals, families and neighborhoods untold anguish, social disruption, economic losses and a diminished quality of life; and,

WHEREAS, alcohol and other drug abuse is closely associated with serious physical and mental health problems, arrests and incarceration, domestic and other forms of violence, homelessness, elevated foster care placements, family disintegration and a host of other conditions leading to increased rates of injury and illness; and,

WHEREAS, many City departments and agencies must address a broad array of substance abuse problems in the course of their daily activities with annual costs estimated to be in the hundreds of millions of dollars accruing to the City; and,

WHEREAS, on any day there are over a thousand individuals ready, willing and able to enter treatment services for their substance abuse problems but who are denied services due to the inadequate number of treatment slots available; and,

WHEREAS, recent research has convincingly demonstrated that substance abuse treatment works and that it effectively reduces costs: for every dollar ($ 1) invested in treatment the community saves over seven ($ 7) dollars; and,

WHEREAS, the Board of Supervisors has approved a resolution endorsing the goal of substance abuse treatment on demand urging full funding; and,

WHEREAS, the Health Commission has approved a resolution supporting the department of Public Health's request for increased funding to maintain existing services and to augment drug treatment and prevention services for residents of San Francisco; and,

WHEREAS, the Department of Public Health, Community Substance Abuse Services, has appointed a 37 member Treatment on Demand Planning Council reflecting the diversity of San Francisco consumers, providers, community leaders and Departmental representatives, to assess needs, determine priorities and develop recommendations to the Department that will guide the implementation of expanded, relevant and prompt treatment for substance abusers in San Francisco; and, WHEREAS, the Planning Council has reviewed epidemiological and other research findings, conducted community meetings in the Tenderloin, Mission and Bayview Hunters Point neighborhoods to receive consumer, resident and agency testimony, reviewed numerous reports, presentations and letters, and deliberated over a 13 week period to prepare Substance Abuse Treatment On Demand: First Steps Plan; and,

WHEREAS, this First Steps Plan has been reviewed and approved by the Citywide Alcoholism Advisory Board and the Drug Abuse Advisory Board; now, therefore, be it

RESOLVED, that the Health Commission commends the Treatment on Demand Planning Council for its hard work under severe time pressures, thoughtfulness and commitment to improving substance abuse treatment in San Francisco; and, be it

FURTHER RESOLVED, that the Health Commission approves the Substance Abuse Treatment on Demand: First Steps Plan to guide the Department for its 1997-98 implementation of expanding and enhancing substance abuse services so as to achieve prompt alcohol and drug treatment for all who seek such services, and, be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and Board of Supervisors to endorse the First Steps Plan and allocate funding to implement the Plan.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, May 20, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco **Department of Public Health**

Sandra R. Hernández, M.D.
Director of Health

TO: Edward Chow, M.D., President and
Members of the San Francisco Health Commission

FROM: Sandra R. Hernández, M.D.
Director of Health

RE: Expanding Health Care Coverage

DATE: May 15, 1997

This document is meant to provide the Health Commission with a status report on the City and County's efforts to expand health care coverage to the estimated 120,000 uninsured residents.

Mayor's Blue Ribbon Committee on Universal Health Care

As you know, in November 1996, the Mayor appointed a Blue Ribbon Committee on Universal Health Care with the goal of improving access to health care for all San Franciscans. The Committee has been charged with making recommendations to the Mayor on how best to increase insurance coverage to San Franciscans. In order to accomplish this, the Committee is looking at such issues as:

- Eligibility: who are the uninsured, what proportion are working poor versus those who are not working,
- Scope of services: what range of health care services will be provided and
- Finance: what level of funding is needed to support universal health care and what is the most efficient use of these resources
- Structure: what administrative and governance model should be used for this new system

After reviewing several health care models and systems, the Committee recently requested that policy papers on four potential universal health coverage models be examined:

- Multiple Plan Options
  - coverage provided through a locally-established Health Insurance Purchasing Cooperative (HIPC model)
- Single Plan Options
  - coverage provided by direct contracting with a provider service network,
  - coverage provided through the San Francisco Health Authority and
  - coverage provided by a county organized health system.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

The policy papers outline the option for governance and administration of a universal health care in San Francisco. These papers are designed to be conceptual in nature and in no way definitively describe or recommend the final structure for the universal health plan. This is important to note given the fact that the Committee may recommend a universal health plan which is a hybrid model -- selecting certain components from any of the four policy papers. Each policy paper will address the following:

A. Eligibility: The target populations for universal coverage are uninsured San Francisco residents who are:

- working poor persons, and their spouses, domestic partners and dependents,
- non-working persons (i.e., indigent) and their spouses, domestic partners, and dependents and
- undocumented residents.

In addition, the policy papers will address the feasibility of including Medi-Cal recipients and San Francisco City employees. These two populations are being examined in the models to determine the extent to which health care funding spent in San Francisco can be pooled and leveraged to provide a broad scope of benefits to the entire population.

Medicare recipients are not currently being considered for enrollment into the universal health plan.

B. Scope of Benefits: The Committee is seeking health plans that, at a minimum, provide a basic standard benefits package. The scope of benefits should take into account marketplace dynamics regarding the availability of specific types of care within and among health plans. All options are expected to cover basic physical health care services (i.e., provider office visits, hospitalizations and emergency room visits, pharmaceuticals, laboratory services and acute mental health admissions).

In addition, each policy paper will discuss the degree to which the model can incorporate the following additional benefits: behavioral health (including chronic mental health services, and substance abuse prevention and treatment services), vision, dental, podiatry, alternative therapies and long-term care.

C. Choice: All individuals covered by the health plan should have choice in their providers/provider network(s). Each policy paper will address:

- types of comparative information and detailed materials that should be available to allow potential members in the health plan to make well-informed choices concerning their providers,
- access and enrollment procedures and
- various forms of risk adjustment or other measures that might be applied to avoid adverse risk among providers participating in the health plan.

D. Finances: The policy papers have been asked to discuss the types of funding available to support a universal health plan. Funding sources include: (1) existing government subsidies, (2) employer contributions and (3) employee contributions and co-payments. Public support will be needed for indigent and the working poor depending upon the level of employer and employee contributions. Health care coverage by employers has decreased over the last several years because employers find the cost prohibitive. Therefore, it is critical that the plan be affordable from the employer (particularly small and medium sized businesses) perspective. It is expected that co-payments from enrollees will be necessary, but that the co-payments should be low enough so participation in the plan is not prohibited by cost. A critical financing component will be flexible pooling of government funds which is being analyzed by the Department in conjunction with the Blue Ribbon Committee.

E. Infrastructure: The policy papers must discuss any legal or administrative considerations related to the implementation of each health plan model. With respect to legal issues, the concept papers should address:

- any state, federal or local legislation required for implementation,
- licensure issues and
- special considerations regarding underwriting or other concerns.

In addressing administrative issues, the policy papers will discuss the administrative structure needed for implementation and the level of resources (staff and financial) required to operate the program.

County Organized Health System

In response to the Blue Ribbon Committee's (BRC) request, the Department drafted a policy paper on covering the uninsured through a County Organized Health System (COHS). The following is an overview of COHSs generally and a discussion of the COHS policy paper requested by the Blue Ribbon Committee. This policy paper is informational and is not the Department's proposal to the BRC.

1. County Organized Health System Overview

A County Organized Health System (COHS) is established by the County Board of Supervisors as a Special Commission Authority. In concept, the COHS is designed for purchasing services for Medicaid recipients. Its purpose is to contract with the State to provide Medicaid services to eligible recipients authorized to receive care through the COHS.

A County Organized Health System functions as a Health Insuring Organization (HIO). HIOs are "at-risk" fiscal intermediaries between a payor (federal/state) and health care providers. They arrange and pay for all the health services required by members, but do not directly provide the services. In California, there are five COHS operating in Orange, San Mateo, Santa Barbara, Santa Cruz and Solano Counties. California COHSs do not require Knox-Keene licensure and therefore do not function as health maintenance organizations per se.

COHS development is governed by federal statute (42 United States Code Section 1396) which established the purpose, nature and restrictions on new developments. Several years ago, congressional budget agreements halted publicly-sponsored HIO development. Federal legislation would be needed to amend the current restrictions (California -- limited to five and a maximum enrollment of 10% of all State Medi-Cal eligibles). New HIO development was suspended due to concerns over the lack of beneficiary choice and reduced access witnessed in other states. Several California counties, in association with the California Association of Public Hospitals and Health Systems, are seeking federal legislative changes to provide other counties with the opportunity to develop COHS-model structures. In California, the Health Care Financing Administration Region IX has been very pleased with the success of COHS in the State and believes that it is a managed care model which works well for beneficiaries and for health plans financially.

The fundamental features of current COHSs are the following:

- Authority: Creation of a Health Authority (COHS) by the County Board of Supervisors based on state enabling legislation which allows the COHS to arrange for the delivery of Medi-Cal services (Welfare and Institutions Code section 14087.54). While created as a local, quasi-public entity, the COHS is not under the jurisdiction of the County (similar structure to the San Francisco Health Authority).

- Eligible Beneficiaries: A COHS is responsible for providing Medi-Cal covered health care services to all eligible Medi-Cal beneficiaries including Temporary Assistance to Needy Families (TANF), Blind, Aged and Disabled categories.

- Funding: COHS receives all Medi-Cal dollars expected to be spent in the County. Reimbursement is based on a specified capitated rate; therefore, financial risk is assumed by the COHS. The California Medical Assistance Commission negotiates the contract terms, conditions and rate of payment for all County Organized Health Systems. The State Department of Health Services monitors and enforces the contract terms and conditions and makes payment.

- Provider Network: COHS contracts directly with primary and specialty care providers under a range of organizational and reimbursement options.

- Operations/Systems: The COHS must install health plan administrative, operational and service delivery systems, processes, procedures and activities to ensure the provision of quality, continuity of care and access to eligible beneficiaries.

A COHS must provide those services authorized for Medi-Cal reimbursement. However, a COHS may request exclusion for providing certain health care services. If services are excluded, the COHS is responsible for ensuring that eligible Medi-Cal beneficiaries have access to these services. The services eligible for "carve-out" are as follows:

- Services in any federal or state hospital
- Services rendered under the California Children's Services
- Child Health and Disability Prevention (CHDP)
- Dental Services
- Short-Doyle/Medi-Cal Mental Health Services
- Adult Day Health Care Services
- Laboratory analysis and reporting under the state serum alphafeto protein testing program administered by the Genetic Disease Branch
- Long-Term care services rendered by nursing facilities or all categories of intermediate care facilities for the developmentally disabled
- Home or Community-Based care waivered services

The State must seek a federal Medicaid waiver to implement any COHS. Specifically, the State Department of Health Services must request federal waivers (1915(b)) of specific sections of Title XIX, Social Security Act. These specific waivers are:

- Statewideness: This Section must be waived because the provision of Medi-Cal services is limited to recipients who are residents of a specific county and differs programmatically from manner in which Medi-Cal is administered elsewhere in California.

- Comparable Services: This waiver allows the county to contract with providers who offer medical services in addition to those now provided under the Medi-Cal program. The State of California require COHS to assure that the amount, duration and scope of medically necessary health care services provided to eligible Medi-Cal beneficiaries covered by the contract with the Department of Health Services will not be less than would be available through the Medi-Cal program as administered elsewhere in California.

- Institutional: Waivers to these sections permit COHS to waive payments limits to contracting providers when using a capitated payment and risk-sharing arrangements with primary care providers, and to establish a local schedule of co-payments for specifically designated services.

- Freedom of Choice: This waiver allows the State to restrict eligible Medi-Cal beneficiaries access to primary care and other health care providers to those providers who have contracted with the COHS. Under this arrangement, provider participation is limited only by: (1) willingness to enroll as a provider in Medi-Cal, (2) continued eligibility to participate under Medicare/Medi-Cal, (3) willingness to accept COHS rates of reimbursement and (4) willingness to execute a subcontract or to participate on a fee-for-service basis.

- Restrict Provider Participation: This waiver allows the COHS to restrict provider participation based on performance. This waiver permits the COHS to enter into exclusive contracts through a bid process, or through another selection process approved by the Department of Health Services.

2. County Organized Health System Policy Paper

Below is a summary of the key issues highlighted in the County Organized Health System policy paper drafted for the Blue Ribbon Committee.

A. Eligibility: COHS model proposes that the target population include the uninsured in addition to Medi-Cal recipients in order to create a sufficient purchasing pool.

B. Scope of Benefits: The COHS will provide a comprehensive scope of benefits. In addition to basic physical health care services, additional services will be considered by the Blue Ribbon Committee. The model acknowledges that many high-users of services may need additional support which goes beyond the scope of the most commercial "comprehensive" benefits package. To that end, the COHS would collaborate with other providers and agencies to ensure that these enrolled members receive the full array of necessary services. An enrolled member needing access to a separately funded specialty services (e.g., service offered under Mental Health Medi-Cal Managed Care Carve-Out) would go through an authorization process established by the COHS.

C. Choice: The proposal is premised on there being one plan with the health plan contracting with multiple providers. Therefore, an enrolled member's choice will be between potential providers and not between competing health plans. The COHS will be responsible for developing a broad provider network and providing comparative information on health care providers to ensure that individuals make informed choices. The COHS goal is to ensure that the assignment process prevents disruption in existing patient-provider relationships. This principle is critical to ensure continuity of care. To ensure equity among providers and protect against adverse selection (i.e., some providers being responsible for delivering care to more medically-complex, expensive patients), this COHS model proposes to enter into risk-based reimbursement (i.e., capitation) only for the Medi-Cal beneficiaries. The COHS will provide fee-for-service reimbursement to health care providers for other enrollees (i.e., working uninsured, indigent and undocumented residents) for the first two years of operation. Fee-for-service reimbursement provides proportional compensation for enrollees who are more frequent users of services. After the two-year period, capitation rates would be developed for the working uninsured, indigent and undocumented resident populations.

D. Finances: A review of indigent care funding indicates that there is potentially sufficient funding available within San Francisco to fund an indigent health care plan, particularly if new funds are available form employer contributions and employee co-payments. Actuarial analysis is necessary to determine the financial feasibility of covering all the uninsured.

E. Infrastructure: As discussed above, federal, state and local legislation is needed to create a COHS. In addition to legislation, the State of California must amend this Medicaid waiver (1915) to the Health Care Financing Administration in order to implement a COHS. In order to serve both Medi-Cal recipients and uninsured, the COHS would also need Knox-Keene licensure from the State Department of Corporations. The City and County has already contributed to the development of a Knox-Keene licensed health plan in the City -- the San Francisco Health Plan. Therefore, in order to reduce redundancy and capitalize on existing expertise, the proposal considers the possibility of having the COHS organized as a partnership between the San Francisco Health Authority and the Department of Public Health. The partnership would eliminate the need to re-create an organizational structure that, in large measure, exists.

Status of 1115 Waiver Process

The Department of Public Health, on behalf of the City and County of San Francisco, submitted a Federal Medicaid Demonstration Project ("1115 waiver") concept paper to the State Department of Health Services for developing a comprehensive, universal health care plan. The City and County has not formally submitted a 1115 waiver proposal.

The City and County's concept paper was developed in response to the State's request. As you may recall, State legislation required the State to allow other counties to explore the potential of developing a 1115 waiver if the State sought a 1115 waiver for Los Angeles County.

Under an 1115 waiver, states are given the authority to waiver many federal requirements that normally apply to receiving federal funding for Medicaid programs. The waiver represents a means of funding health care activities for the poor who have no federal financial assistance.

The goal of City and County of San Francisco's 1115 waiver is to expand health care coverage to working uninsured, low-income persons and indigent -- consistent with the Mayor's Blue Ribbon Committee on Universal Health Care.

The concept paper should be viewed as a "place holder" -- it is preliminary in nature and discusses broad parameters. In order to develop a complete waiver application, significant analysis must be completed along with developing a community process which allows providers, advocates, consumers and others input into the program development and design.

An 1115 waiver, like the County Organized Health System, is one of the administrative/legislative vehicles which can be used by the City and County to expand coverage to the uninsured. A Medicaid Demonstration Project is eligible for a 1115 waiver while a County Organized Health System is eligible for a 1915 waiver. A 1115 waiver can be used to develop a COHS, in addition, to pooling categorical funding. However, a COHS waiver is not as expansive as a 1115 waiver and could not enable the county to enroll non-Medi-Cal recipients or pool resources. The COHS could enroll non-Medi-Cal beneficiaries if it secured a Knox-Keene license. The following chart highlights the key differences between the two.

Federal Condition Participation Requirements	Section 1915 (COHS, 2-Plan Model)	Section 1115 (Los Angeles, Tenn.)
Eligibility rules	• May not be waived	• May be waived
Minimum benefit requirements	• May not be waived	• May be waived
Freedom of Choice	• May be waived except in the case of certain benefits, including family planning benefits and federally qualified health center services	• May be waived for all benefits
Federal standards for "full-risk" managed care plans	• May not be waived	• May be waived
Provider reimbursement rules	• May be waived only in limited circumstances	• May be waived
State administration requirements pertaining to eligibility determination, quality control, and other administrative activities	• May be waived only in limited circumstances	• May be waived

Since submitting the concept paper, the Department has participated in a number of meetings with the State Department of Health Services, the Health Care Financing Administration (HCFA), other interested counties and Congressional delegates. At this point, under direction from HCFA, the State is completing additional reviews of all the submitted concept papers. HCFA is particularly interested in ensuring that counties understand the financing principles required for 1115 waivers before counties start developing waiver applications. We have communicated our interest in developing a 1115 waiver to HCFA directly. At various times, HCFA has indicated their interested in working with the City and County to develop a Medicaid demonstration project in long-term care and other areas.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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Vice President
Debra A. Barnes
Commissioner
Roma P. Guy, M.S.W.
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Ron Hill
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Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner

Sandra R. Hernandez, M.D.
Director of Health
Sandy Ouye Mori
Executive Secretary
TEL (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

/97

June 3, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF MAY 20, 1997**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **DPH** - Approval of Department's Annual Report of Memberships in professional organizations for FY 1996-97, and approval of a resolution to the Board of Supervisors amending Administrative Code to add organizations to the Department's list.

(3.2) **DMS-CMHS** - Request for approval of the FY 1996-97 Performance Contract between the State Department of Mental Health and the Department of Public Health, Division of Mental Health Services.

(3.3) **CHS-AIDS** - Request for retroactive contract renewal with San Francisco AIDS Foundation (SFAF) in the amount of $214,426 for the provision of HIV/AIDS prevention services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SFAF for services totaling $3,537,875 during FY 1995-96).

(3.4) **CHS-AIDS** - Request for sole source approval and four-year contract renewal with San Francisco AIDS Foundation (SFAF) in the amount of $131,149 per year for the provision of HIV/AIDS telephone hotline services, for the period of July 1, 1997 through June 30, 2001. (DPH contracted with SFAF for services totaling $3,537,875 during FY 1995-96).

(3.5) **DMS-CSAS** - Request for retroactive first modification to the contract with Iris Center: Women's Counseling and Recovery Services, Inc. (IRIS) in the amount of $95,460 for the provision of day treatment and outpatient services to women and their children for the period of April 1, 1997 through June 30, 1997. (DPH contracted with IRIS for services totaling $1,056,725 during FY 1995-96).

(3.6) **DMS-CSAS** - Request for retroactive approval of the resolution authorizing DPH/CSAS to enter into the FY 1996-97 Combined Negotiated Net Amount and Drug Medi-Cal Hold Harmless Agreement with the State Department of Alcohol and Drug Programs, in the amount of $17,066,667, for the period of July 1, 1996 through June 30, 1997.

(3.7) **DMS-CSAS** - Request for approval of the resolution authorizing DPH/CSAS to enter into the FY 1997-98 Combined Negotiated Net Amount and Drug Medi-Cal Hold Harmless Agreement with the State Department of Alcohol and Drug Programs, in the amount of $15,930,495, for the period of July 1, 1997 through June 30, 1998.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

5) **PRESENTATION OF THE ANNUAL VIDEO DISPLAY TERMINAL ADVISORY COMMITTEE REPORT**

6) **PRESENTATION OF THE SKILLED NURSING FACILITY CITYWIDE LONG-TERM CARE BED STUDY**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

8) **DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:**

A. Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11.

1) Conference with Legal Counsel: consideration of a proposed settlement of the grievance filed by Local 21 on behalf of Ray Rivera in the amount of $34,161.20.

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose discussions held in closed session.

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President
Lee Ann Monfredini
Vice President
Debra A. Barnes
Commissioner
Roma P. Guy, M.S.W.
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

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Director of Health
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Executive Secretary
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, June 3, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

97

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 20, 1997

Action Taken: The Commission unanimously adopted the minutes of May 20, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) **DPH** - Approval of Department's Annual Report of Memberships in professional organizations for FY 1996-97, and approval of a resolution to the Board of Supervisors amending Administrative Code to add organizations to the Department's list.

(3.2) **DMS-CMHS** - Request for approval of the FY 1996-97 Performance Contract between the State Department of Mental Health and the Department of Public Health, Division of Mental Health Services.

(3.3) **CHS-AIDS** - Request for retroactive contract renewal with San Francisco AIDS Foundation (SFAF) in the amount of $214,426 for the provision of HIV/AIDS prevention services for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SFAF for services totaling $3,537,875 during FY 1995-96).

(3.4) **CHS-AIDS** - Request for sole source approval and four-year contract renewal with San Francisco AIDS Foundation (SFAF) in the amount of $131,149 per year for the provision of HIV/AIDS telephone hotline services, for the period of July 1, 1997 through June 30, 2001. (DPH contracted with SFAF for services totaling $3,537,875 during FY 1995-96).

(3.5) **DMS-CSAS** - Request for retroactive first modification to the contract with Iris Center: Women's Counseling and Recovery Services, Inc. (IRIS) in the amount of $95,460 for the provision of day treatment and outpatient services to women and their children for the period of April 1, 1997 through June 30, 1997. (DPH contracted with IRIS for services totaling $1,056,725 during FY 1995-96).

(3.6) **DMS-CSAS** - Request for retroactive approval of the resolution authorizing DPH/CSAS to enter into the FY 1996-97 Combined Negotiated Net Amount and Drug Medi-Cal Hold Harmless Agreement with the State Department of Alcohol and Drug Programs, in the amount of $17,066,667, for the period of July 1, 1996 through June 30, 1997.

(3.7) **DMS-CSAS** - Request for approval of the resolution authorizing DPH/CSAS to enter into the FY 1997-98 Combined Negotiated Net Amount and Drug Medi-Cal Hold Harmless Agreement with the State Department of Alcohol and Drug Programs, in the amount of $15,930,495, for the period of July 1, 1997 through June 30, 1998.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

Department's Budget for FY 1997-98

The Mayor delivered his FY 1997-98 budget to the Board of Supervisors yesterday. I am pleased to report that several high priority health initiatives, approved by the Commission, were funded by the Mayor. The Department received $8.3 million in new General Funds for substance abuse treatment, which includes:

- an augmentation for the treatment on demand plan;
- annualization of the partial year supplemental funded this year; and
- replacement of lost grants and revenues for substance abuse treatment services.

The budget also funds another important public health initiative aimed at improving the childhood immunization rate in San Francisco. In addition, General Fund dollars were allocated to fully fund fringe benefits at SFGH, to continue discharge planning and case management services to patients in our jails, and to replace expired grants and other revenue decreases.

With new revenues certified by the Controller, the Department was funded to:

- continue the full implementation of mental health managed care;
- to increase lead investigation and abatement;
- to increase our pharmaceutical budget; and
- to fund our operating costs at SFGH consistent with the census of the past year.

In addition, by reallocating Health Department resources and by using prior year unexpended Ryan White funds, we will be able to fully fund the current level of services provided to persons with HIV in the new fiscal year.

As you know, the census at SFGH continues to exceed what we estimated for next year. If this trend continues, it may trigger a need for additional staff and other operating expenses over the coming year.

The Department will continue to aggressively identify and capture new revenues to fill funding gaps over the next fiscal year. Specifically, we will work with the State Legislature, the State Department of Health Services, and the California Association of Public Hospitals to increase our financial return from the SB 855 and SB 1255 programs. We will continue to work to increase eligibility for MediCal and Medicare reimbursement which, depending on the payor mix, may yield additional revenues next year. To the extent that the Department is successful in generating additional revenues from these programs, the Mayor and his fiscal office have agreed to permit us to apply such revenues to correct potential soft spots in our budget.

All in all, next year's budget represents a very strong commitment to public health and to San Franciscans. It will allow us to implement many exciting and needed public health services in the Department of Public Health. I am sure that in the long run, the City will be better off having made these investments.

The Board of Supervisors will deliberate on the Mayor's budget during the next several weeks. The Board's budget hearing for the Health Department will be held on June 19, and final action is expected to be taken by the Board in early July.

Director, Department of Public Health Resigns Post

As you know, I have spent my entire professional career, both as a physician and as an administrator, in the Department of Public Health hospitals, clinics, and programs. These thirteen years have been formative, challenging, and extremely rewarding. Beginning with my work in the AIDS Office, I learned that the single most important principle in effective public health outcomes is the relationship with the community.

During my tenure, I have worked at making our programs and the Department overall responsive and accountable to all San Francisco communities. This Department is the finest in the country, if not the world. This is true from the front-line workers to the Executive Management team. It has been a real privilege to have had their support, commitment and loyalty. Together we have set a new standard, one for which the City should be proud.

Commissioners, including all of you, I have served under 19 Health Commissioners, each of you having provided yet another means for community input and participation. As the official policy-makers of the Department you have shown confidence in me and the team during those critical times when we have had to make tough decisions and take risks. I want to thank you personally and for the Department for your unwavering support during those most challenging times.

After much soul searching, I have decided that the time has come for me to resign as Director of Health. I will be leaving effective July 31, 1997, after seeing our 1997-98 budget process through completion. I will continue to chair the Mayor's Blue Ribbon Committee on Universal Health Care until that work is done and a final report is submitted to the Mayor. Also, at the request of the Mayor, I will continue on the Board of Directors of the San Francisco Health Plan as his representative. You should know that regardless of where my professional path takes me, I will always be a believer in this Department's mission and all it's work in seeing this mission become a reality. Thank you.

Each Commissioner gave comments of appreciation and support to Dr. Hernández for her outstanding leadership in the City as the Director of Health. Former Health Commission President Arthur M. Jackson and former Commission Vice President Margel Kaufman gave their words of praise for Dr. Hernández. Mr. Jackson and Ms. Kaufman were part of the Commission which appointed Dr. Hernández in 1994.

5) PRESENTATION OF THE ANNUAL VIDEO DISPLAY TERMINAL ADVISORY COMMITTEE REPORT

Larry Meredith, Ph.D., Health Promotion and Prevention Services, gave the history, background and purpose of the Video Display Terminal Advisory Committee. He reported that the 1996 report discusses the current status of the ordinance, previous Committee recommendations, and reviews recent research on VDT-related health effects. Also included is an update on Federal and State legislation on VDT regulations and recent advances in work station and protective equipment. Finally, recommendations for further action are proposed.

A copy of the report if available in the Commission Office.

Dr. August Colenbrander, a member of the VDT Advisory Committee, pointed out to the Commission that many of the recommendations from previous annual reports have not been implemented; and the Advisory Committee urges that these recommendations be funded and implemented.

Dr. Hernández commented that due to the many competing needs for funding in the Department, some of the recommendations have not been addressed; but that is not to say that these recommendations are not important.

President Chow thanked the staff for presenting the report. The report will now go to the Board of Supervisors.

6) PRESENTATION OF THE SKILLED NURSING FACILITY CITYWIDE LONG-TERM CARE BED STUDY

The following persons presented an overview of the San Francisco Nursing Facility Bed Study: (Attachment A).

Tony Wagner, Executive Administrator, Laguna Honda Hospital
Deputy Administrator, CHN
Martin Diamond, Chairman of the San Francisco Section of the Hospital Council
Bill Haskell, Health Care Consultant
Nathan Nayman, Vice President of the Hospital Council

A copy of the complete report will be given to the Commissioners.

In the Summer, the Council will sponsor a symposium on this important issue. This report is the first step to be used as a tool in planning for the future.

Dr. Hernández pointed out that data should be used for planning around the policy issues raised by this study. She stated that the Long-Term Care Task Force (AB 1040) will be a critical part of the planning.

Commissioner Guy emphasized the need to include disabilities as well as age.

Commissioner Chow pointed out that an explanation is needed for the figure of 1,090 total potential acute beds available for conversion to nursing facility coming down to 271 acute beds available for conversion.

The report indicated the hospitals explain that limited acute care bed space is available for conversion to nursing facility beds for the following reasons:

- census numbers reflect midnight activity only
- the expansion or consolidation of health care programs
- mergers
- research space
- unfinished strategic planning processes
- participation in regional delivery systems
- a need to retain surplus acute care beds in San Francisco
- beds are governed by organizations that solely determine their availability

The Commission thanked the Council and the Department for collaborating to produce this study.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A. Possible closed session held pursuant to Brown Act Section 54956.9(c) and Sunshine Ordinance Section 67.11.

Public Comment: D. Steve Harris

Because Mr. Harris' comments did not refer to the subject matter on the agenda for the closed session, President Chow ruled Mr. Harris' comments as out of order.

Action Taken: The Commission unanimously voted to go into closed session.

1) Conference with Legal Counsel: consideration of a proposed settlement of the grievance filed by Local 21 on behalf of Ray Rivera in the amount of $34,161.20.

Action Taken: The Commission unanimously voted to approve the proposed settlement of $34,161.20 for Ray Rivera.

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose discussions held in closed session.

Action Taken: The Commission unanimously voted not to disclose discussions held in closed session.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 5:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

City and County of San Francisco

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

TO: Edward Chow, M.D., President
and Members of the San Francisco Health Commission

THROUGH: Sandra R. Hernández, M.D. /SRH
Director of Health

FROM: Anthony G. Wagner AGW
Executive Administrator, Laguna Honda Hospital
Deputy Administrator, Community Health Network

RE: San Francisco Nursing Facility Bed Study

DATE: May 29, 1997

This report is designed to provide the Health Commission with summary findings of the San Francisco Nursing Facility Bed Study. The study was commissioned by the San Francisco Section of the West Bay Hospital Conference. The purpose of the study was to determine future demand for and supply of nursing facility (NF) beds in San Francisco. The study provides a snapshot of NF bed capacity; it does not provide any recommendations on how to meet future NF bed need. Attached is the Comprehensive Summary Report of the San Francisco Nursing Facility Bed Study.

This study was initiated to: (1) analyze the potential supply of long term care NF beds; (2) evaluate the potential demand for long term care NF beds and (3) review the overall seismic capability of San Francisco's acute hospitals to accommodate NF beds. In particular, the study's findings are intended to assist in strategic planning regarding how best to meet long term care service and NF bed needs.

In large part, this study was driven by the need to look at rebuilding Laguna Honda Hospital (LHH). As you are aware, LHH's principal buildings are old and have serious physical deficiencies. In order to ensure an appropriate level of long term health care services, in the Fall 1994 DPH initially developed a proposal to replace LHH's existing structures with a new facility. This proposal was subsequently reevaluated because of: (1) its expense -- $482 million in 1994-95 and (2) the increasing emphasis on providing home and community-based long term care services. In addition, there was great interest in exploring the current and future under-utilization of acute beds in San Francisco's hospitals.

Attachment A
Page 1 of 4

Trends in Long Term Care Service Delivery
Long term care is a set of health care, personal care, and social services delivered over a sustained period of time to persons whose capacity to live independently is compromised by physical, mental, or cognitive limitations. Long term care can be provided both in institutional settings and in home and community-based settings. The need for long term care is generally defined by limitations in the ability of individuals to independently perform basic self care and household tasks.

Many states are adopting strategies to reduce the need for additional nursing facility beds by developing new types of supportive housing for their growing elderly and disabled populations. These include: (1) congregate housing, (2) adult foster care homes, (3) residential care facilities, and (4) assisted living facilities. Three states (Oregon, Washington and Wisconsin) have developed innovative models for the delivery of long term care services for elderly and disabled persons. Each state was granted a Medicaid waiver to fund home and community-based care for individuals who would otherwise require institutional care.

As you know, California has created a long term care integration pilot program (AB 1040) to test a variety of models which allow long-term care consumers to remain integral parts of their communities by providing a continuum of services which foster independence. The City and County of San Francisco has created a Task Force to develop a formal proposal to participate in this program.

Long term care services in San Francisco are currently provided in Laguna Honda Hospital, other hospital-based nursing facilities and freestanding nursing facilities, and a variety of home and community-based programs. In addition, San Francisco has On Lok Senior Health Services, an innovative home and community-based service provider which is financially structured as a Medi-Cal and Medicare managed care capitated program.

Future Demand for Total Long Term Care
San Francisco has a large and growing elderly population, many of whom will require long term care. While the numbers of elderly persons 65 and over is constantly increasing, the substantial growth in the elderly population will occur between 2010 and 2020. By the year 2000, 25% of all San Franciscans will be over the age of 65. By the year 2020, this figure is estimated to increase to 36.5%. Increasing numbers of disabled and chronically ill persons will require long term care.

The future demand for total long term care in the U.S. and San Francisco will be based on the needs of specific groups. These include: (1) elderly persons, (2) persons with disabilities, (3) chronically ill persons, (4) persons with AIDS, and (5) terminally ill persons. While many individuals within each of these groups will require long term care, reliable population projections are only available for elderly persons (the vast majority of the defined population).

Potential Supply of NF Beds

San Francisco currently has a total of 3,625 NF beds. This study looked at the potential of converting unfilled acute care beds in hospitals to address long term care demand. Overall, the study found that some acute care beds were available for conversion to NF beds.

San Francisco hospitals estimated that there was a surplus of 314 acute beds. Of that surplus, 271 acute beds were available for conversion to NF beds to address a portion of the demand for long term care in the immediate future. For various reasons, there is limited acute care bed space available for NF bed conversion. Specifically, hospitals identified the following reasons:

- acute care census numbers can be misleading in that they reflect midnight activity only,
- the expansion and/or consolidation of health care programs,
- potential hospital mergers and affiliations may dictate use of hospital beds,
- use of hospital space for medical research,
- hospitals are currently undergoing strategic planning processes to determine the most efficient use of their facilities
- hospital beds are governed by organizations which solely determine their availability and
- hospital participation in regional delivery systems which impact space use.

Future Demand for NF Beds

The precise number of elderly persons who will require long term care in the future is difficult to project. The future demand for NF beds will consist of: (1) short term traditional nursing facility care; (2) short term subacute care (including medical subacute and rehabilitation subacute care, other types of stepdown units, and transitional inpatient care); and (3) institutional long term care.

This demand will be based on the needs of specific populations including: (1) persons recovering from acute episodes who require traditional nursing facility care; (2) persons recovering from acute episodes who require subacute care; and (3) persons who require institutional long term care, including the frail elderly and those with chronic conditions, disabilities, and AIDS.

Individuals who will require institutional long term care primarily consist of those with critical care needs such as: (1) medically complex patients, (2) agitated and demented patients, (3) physically dependent individuals who require two-to-three person transfers, (4) those who require extensive nursing hours and (5) dually and triply diagnosed patients.

Currently, there are 33 NF beds for every 1,000 San Franciscans over the age of 65. However, based on projected need and increases in the elderly and disabled population, San Francisco will need anywhere from 27 to 45 NF beds per 1,000 residents over age 65. The following is a summary of the demand for and supply of NF beds in San Francisco, projected in years 2000, 2010 and 2020.

Future NF Bed Demand and Supply Summary

	Year 2000	Year 2010	Year 2020
Proj. Demand for NF Beds	3,831	3,894 - 4,802	4,913 - 8,189
Proj. Supply of NF Beds	3,625	3,361	3,711
Difference	206	533 - 1,441	1,202 - 4,478
Conversion of Proj. Surplus Acute Beds to NF Beds	- 271	- 271	- 271
Deficit in NF Beds	**0**	**262 - 1,170**	**931 - 4,207**

Several hospitals expressed an interest in developing proposals and partnerships to increase the supply of NF beds. Some of the proposals include:

- leasing space within their institution for NF beds and
- subsidizing the cost of converting surplus acute care beds to NF beds.

In addition, hospitals which provide only limited or no nursing facility services, expressed interest in exploring opportunities to refer patients to other facilities that may have additional NF bed capacity. These proposals include:

- leasing excess NF bed capacity in other institutions for either post-acute or long term care and
- joint ventures with other institutions to develop additional NF bed capacity.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

/97

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

June 17, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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NOTE: THE COMMISSION WILL GO INTO A CLOSED EXECUTIVE SESSION PRIOR TO THE AGENDA ITEM #5.

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JUNE 3, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Presentation of the 3rd Quarterly Review of Revenues and Expenditures for the Department of Public Health FY 1996-97.

(3.2) **DMS-CSAS** - Update on status of multiyear contract renewal with St. Vincent de Paul Society of San Francisco (SVDP) in the amount of $848,710, to provide substance abuse drop-in/reception, detoxification and mental health/substance abuse services to the homeless for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SVDP for services totaling $766,161 during FY 1995-96).

(3.3) **DMS-CMHS** - Request for approval to accept and expend a new, one-time, grant award in the amount of $334,592 from the State Department of Mental Health to provide a children's interagency system of care in San Francisco for the period of July 1, 1997 to September 30, 1998.

(3.4) **Administration** - Contract renewal and sole source with Systems Support Technologies (SST), in the amount of $1,030,656 for the provision of technical support services for information systems, for the period of June 17, 1997 through June 30, 1998. (DPH contracted with SST for services totaling $561,028 during FY 1996-97).

(3.5) **Administration** - Sole source request and contract approval with the Regents of the University of California, UCSF, in the amount of $707,249 per year to provide clinical and quality assurance activities for emergency medical services provided by San Francisco Fire Department personnel, for the period of July 1, 1997 through June 30, 2000. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

(3.6) **BEHM** - Second modification and extension of term to the contract with the Public Health Institute in the amount of $49,000 for the conversion, cleaning, analysis and publication of data for the Childhood Lead Prevention Program for the period of July 1, 1997 through June 30, 1998. Total amount of contract, including this modification, is $165,000 for the period of March 1, 1995 through June 30, 1998. (DPH contracted with Public Health Institute for services totaling $116,000 during FY 1996-97).

(3.7) **DMS-CSAS** - Retroactive modification to multiyear contract with the Center for Human Development, Inc., in the amount of $12,667 to establish a mentoring program for youth in San Francisco schools as part of its substance abuse prevention services, for the period of July 1, 1996 through June 30, 1997. (DPH contracted with the Center for Human Development for services totaling $122,746 during FY 1996-97).

(3.8) **DMS-CSAS** - Retroactive modification of the contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. in the amount of $45,000 to enhance bilingual outpatient substance abuse treatment and prevention services for the period of April 1, 1997 through June 30, 1997. (DPH contracted with Mission Council for services totaling $128,412 during FY 1996-97).

(3.9) **DMS-CMHS** - Contract renewal with Patients' Rights Advocacy Services, Inc. (PRAS) in the amount of $279,855 per year to provide legally required protection of the rights of the mentally ill for the period of July 1, 1997 through June 30, 2001. (DPH contracted with PRAS for services totaling $254,855 during FY 1996-97).

(3.10) **DMS-CMHS** - Contract renewal with Volunteer Center of San Francisco, in the amount of $125,747 per year to provide community outreach services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Volunteer Center for services totaling $125,747 during FY 1996-97).

(3.11) **DMS-CMHS** - Contract renewal with Swords to Plowshares, in the amount of $199,477 per year, to provide outreach and case management services to homeless veterans, for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Swords to Plowshares for services totaling $199,477 during FY 1996-97).

(3.12) **DMS-CMHS** - Contract renewal with Episcopal Community Services in the amount of $427,981 per year to provide mental health and substance abuse outreach and case management services to the homeless and those at risk of becoming homeless for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Episcopal Community Services for services totaling $437,836 during FY 1996-97).

(3.13) **DMS-CMHS** - Contract renewal with San Francisco Suicide Prevention Inc., in the amount of $247,673 per year to provide suicide crisis counseling, drug treatment referral, drug relapse prevention counseling and community outreach services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with SF Suicide Prevention for services totaling $333,046 during FY 1996-97).

(3.14) **DMS-CMHS** - Contract renewal with University of California, Center on Deafness (UC), in the amount of $262,336 per year to provide outpatient, case management services and a SED program to deaf and hard of hearing individuals and their families for the period of July 1, 1997 through June 30, 2001. (DPH contracted with UC for services totaling $15,367,022 during FY 1996-97).

(3.15) **DMS-CMHS** - Contract renewal with Oakes Children's Center in the amount of $390,568 per year to provide day care services, a therapeutic program with an educational component, for severely disturbed children for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Oakes Children's Center for services totaling $345,960 during FY 96-97).

(3.16) **CHS-AIDS** - Retroactive contract renewal with The Support Center, in the amount of $116,165, to provide organizational development and capacity building services to various HIV prevention providers and Department of Public Health programs in order to increase the effectiveness of HIV prevention efforts in the City and County of San Francisco, for the period of January 1, 1997 through December 31, 1997. (DPH contracted with The Support Center for services totaling $1,296,422 during FY 1996-97).

(3.17) **CHS-AIDS** - Sole Source request and contract renewal with San Francisco AIDS Foundation/HIV Prevention Project (SFAF) in the amount of $574,956 per year to provide HIV prevention education services, including syringe exchange services, to injection drug users. The sole source request is for the period of July 1, 1997 through June 30, 2001. The contract renewal is for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFAF for services totaling $3,674,930 during FY 1996-97).

(3.18) **CHS-AIDS** - Retroactive contract renewal with Polaris Research & Development, Inc., in the amount of $229,980 to provide logistical and technical support to the HIV Prevention Planning Council for the continued development of a strategic HIV prevention plan, for the period of January 1, 1997 through December 31, 1997. (DPH contracted with Polaris for services totaling $943,407 during FY 1996-97).

(3.19) **CHS-AIDS** - Request for sole source and contract approvals with the following four agencies for a total amount of $470,617 for the provision of emotional and practical support, client and treatment advocacy, and case management services for the period of July 1, 1997 through June 30, 1998.

	Agency	Amount
1.	Black Coalition on AIDS	$197,640
2.	GAPA Community HIV Project - API Wellness Center	$115,655
3.	Mission Neighborhood Health Center	$57,452
4.	National Task Force on AIDS Prevention - Native American AIDS Project	$99,870

(3.20) **CHS-AIDS** - Request for contract approval of nineteen programs with the following fifteen contractors for a total amount of $3,898,299 for HIV prevention services targeting high risk behaviors through venue-based outreach, HIV counseling, testing, referral and partner notification, and provider training, for the period of July 1, 1997 through June 30, 1998.

	Agency	Amount
1.	Black Coalition on AIDS	$246,687
2.	Central City Hospitality House	$74,818
3.	Filipino Task Force on AIDS	$60,282
4.	Glide Foundation	$232,497
5.	Haight Ashbury Free Clinics, Inc.	$380,660
6.	Instituto Familiar de la Raza	$165,062
7.	Iris Center	$127,747
8.	Larkin Street Youth Center	$108,477
9.	Lavender Youth Recreation and Information Center	$103,000
10.	National Task Force on AIDS Prevention	$550,921
11.	San Francisco AIDS Foundation	$505,721
12.	Stop AIDS Project	$515,029
13.	Tenderloin AIDS Resource Center	$83,112
14.	UCSF - AIDS Health Project	$613,474
15.	Westside Community Mental Health Center	$130,812

4) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.10(b) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A. Possible closed session held pursuant to Brown Act Section 54957 and Sunshine Ordinance Section 67.8(4).

- Consideration of a Public Employee Appointment for Interim Director of Health.

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14(a)(4) on whether to disclose discussions held in closed session.

5) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

6) **CONSIDERATION OF A RESOLUTION TO REVISE THE PHARMACEUTICAL FORMULARY FOR PATIENTS UNDER THE COUNTY MEDICAL ASSISTANCE PROGRAM**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, June 17, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Debra A. Barnes

On behalf of the Commission, President Chow presented a Certificate of Appreciation to Dr. Denise V. Rodgers, who will be leaving to accept the position of Associate Dean for Community Health at the Robert Wood Johnson Medical School in New Brunswick, New Jersey.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 3, 1997

Action Taken: The Commission unanimously adopted the minutes of June 3, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

Note: Commissioner Roma Guy participated in the Budget Committee.

(3.1) Presentation of the 3rd Quarterly Review of Revenues and Expenditures for the Department of Public Health FY 1996-97.

Monique Zmuda, Chief Finance Officer, reported the Department anticipates a surplus of $1,925,861 by year-end. However, with the inclusion of other unanticipated revenues and additional unbudgeted expenditures expected in the 4th quarter, the Department expects the year-end surplus to be approximately $1 million.

(3.2) **DMS-CSAS -** Update on status of multiyear contract renewal with St. Vincent de Paul Society of San Francisco (SVDP) in the amount of $848,710, to provide substance abuse drop-in/reception, detoxification and mental health/substance abuse services to the homeless for the period of July 1, 1996 through June 30, 1997. (DPH contracted with SVDP for services totaling $766,161 during FY 1995-96).

The Executive Director and Board Chairman of the agency presented a status report on management issues and the composition of the Board of Directors.

Commissioner Monfredini commended them for their efforts towards compliance.

(3.3) **DMS-CMHS -** Request for approval to accept and expend a new, one-time, grant award in the amount of $334,592 from the State Department of Mental Health to provide a children's interagency system of care in San Francisco for the period of July 1, 1997 to September 30, 1998.

Commissioner Guy expressed her concern on lack of measurable outcomes for this grant.

(3.4) **Administration -** Contract renewal and sole source with Systems Support Technologies (SST), in the amount of $814,000 for the provision of technical support services for information systems, for the period of June 17, 1997 through June 30, 1998. (DPH contracted with SST for services totaling $561,028 during FY 1996-97).

(3.5) **Administration -** Sole source request and contract approval with the Regents of the University of California, UCSF, in the amount of $707,249 to provide clinical and quality assurance activities for emergency medical services provided by San Francisco Fire Department personnel, for the period of July 1, 1997 through June 30, 2000. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

Commissioner Sánchez abstained on this item due to conflict of interest.

(3.6) **BEHM -** Second modification and extension of term to the contract with the Public Health Institute in the amount of $49,000 for the conversion, cleaning, analysis and publication of data for the Childhood Lead Prevention Program for the period of July 1, 1997 through June 30, 1998. Total amount of contract, including this modification, is $165,000 for the period of March 1, 1995 through June 30, 1998. (DPH contracted with Public Health Institute for services totaling $116,000 during FY 1996-97).

(3.7) **DMS-CSAS -** Retroactive modification to multiyear contract with the Center for Human Development, Inc., in the amount of $12,667 to establish a mentoring program for youth in San Francisco schools as part of its substance abuse prevention services, for the period of July 1, 1996

through June 30, 1997. (DPH contracted with the Center for Human Development for services totaling $122,746 during FY 1996-97).

(3.8) **DMS-CSAS** - Retroactive modification of the contract with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. in the amount of $45,000 to enhance bilingual outpatient substance abuse treatment and prevention services for the period of April 1, 1997 through June 30, 1997. (DPH contracted with Mission Council for services totaling $128,412 during FY 1996-97).

(3.9) **DMS-CMHS** - Contract renewal with Patients' Rights Advocacy Services, Inc. (PRAS) in the amount of $279,855 per year to provide legally required protection of the rights of the mentally ill for the period of July 1, 1997 through June 30, 2001. (DPH contracted with PRAS for services totaling $254,855 during FY 1996-97).

(3.10) **DMS-CMHS** - Contract renewal with Volunteer Center of San Francisco, in the amount of $125,747 per year to provide community outreach services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Volunteer Center for services totaling $125,747 during FY 1996-97).

(3.11) **DMS-CMHS** - Contract renewal with Swords to Plowshares, in the amount of $199,477 per year, to provide outreach and case management services to homeless veterans, for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Swords to Plowshares for services totaling $199,477 during FY 1996-97).

There was no representative from the agency present. Commissioner Monfredini requested the agency to fill its Board of Directors.

(3.12) **DMS-CMHS** - Contract renewal with Episcopal Community Services in the amount of $427,981 per year to provide mental health and substance abuse outreach and case management services to the homeless and those at risk of becoming homeless for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Episcopal Community Services for services totaling $437,836 during FY 1996-97).

Commissioner Guy commented on the length of time being taken for this agency to be in compliance.

(3.13) **DMS-CMHS** - Contract renewal with San Francisco Suicide Prevention Inc., in the amount of $247,673 per year to provide suicide crisis counseling, drug treatment referral, drug relapse prevention counseling and community outreach services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with SF Suicide Prevention for services totaling $333,046 during FY 1996-97).

(3.14) **DMS-CMHS** - Contract renewal with University of California, Center on Deafness (UC), in the amount of $262,336 per year to provide outpatient, case management services and a SED program to deaf and hard of hearing individuals and their families for the period of July 1, 1997 through June 30, 2001. (DPH contracted with UC for services totaling $15,367,022 during FY 1996-97).

Commissioner Sánchez abstained on this item due to conflict of interest.

(3.15) **DMS-CMHS** - Contract renewal with Oakes Children's Center in the amount of $390,568 per year to provide day care services, a therapeutic program with an educational component, for severely

disturbed children for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Oakes Children's Center for services totaling $345,960 during FY 1996-97).

> Commissioner Monfredini requested a status report on the Board composition be presented to the Budget Committee on September 16, 1997.

(3.16) **CHS-AIDS -** Retroactive contract renewal with The Support Center, in the amount of $116,165, to provide organizational development and capacity building services to various HIV prevention providers and Department of Public Health programs in order to increase the effectiveness of HIV prevention efforts in the City and County of San Francisco, for the period of January 1, 1997 through December 31, 1997. (DPH contracted with The Support Center for services totaling $1,296,422 during FY 1996-97).

> Commissioner Monfredini requested a status report be presented to the Budget Committee on September 16, 1997.

(3.17) **CHS-AIDS -** Sole Source request and contract renewal with San Francisco AIDS Foundation/HIV Prevention Project (SFAF) in the amount of $574,956 per year to provide HIV prevention education services, including syringe exchange services, to injection drug users. The sole source request is for the period of July 1, 1997 through June 30, 2001. The contract renewal is for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFAF for services totaling $3,674,930 during FY 1996-97).

(3.18) **CHS-AIDS -** Retroactive contract renewal with Polaris Research & Development, Inc., in the amount of $229,980 to provide logistical and technical support to the HIV Prevention Planning Council for the continued development of a strategic HIV prevention plan, for the period of January 1, 1997 through December 31, 1997. (DPH contracted with Polaris for services totaling $943,407 during FY 1996-97).

(3.19) **CHS-AIDS -** Request for sole source and contract approvals with the following four agencies for a total amount of $470,617 for the provision of emotional and practical support, client and treatment advocacy, and case management services for the period of July 1, 1997 through June 30, 1998.

	Agency	Amount
1.	Black Coalition on AIDS	$197,640
2.	GAPA Community HIV Project - API Wellness Center	$115,655
3.	Mission Neighborhood Health Center	$57,452
4.	National Task Force on AIDS Prevention - Native American AIDS Project	$99,870

> The Executive Director and the Board Chairman of the National Task Force on AIDS Prevention were present. It was reported that the Board has increased its membership from San Francisco.
>
> Commissioner Monfredini commented that the Audit Recommendation Progress Report was too lengthy.

Commissioner Guy would want to know the impact of the collaboration dissolution on the agency.

The Commission requested a plan with measurable objectives for the agency to be presented to the Budget Committee on September 16, 1997.

(3.20) **CHS-AIDS** - Request for contract approval of nineteen programs with the following fifteen contractors for a total amount of $3,898,299 for HIV prevention services targeting high risk behaviors through venue-based outreach, HIV counseling, testing, referral and partner notification, and provider training, for the period of July 1, 1997 through June 30, 1998.

	Agency	Amount
1.	Black Coalition on AIDS	$246,687
2.	Central City Hospitality House	$74,818
3.	Filipino Task Force on AIDS	$60,282
4.	Glide Foundation	$232,497
5.	Haight Ashbury Free Clinics, Inc.	$380,660
6.	Instituto Familiar de la Raza	$165,062
7.	Iris Center	$127,747
8.	Larkin Street Youth Center	$108,477
9.	Lavender Youth Recreation and Information Center	$103,000
10.	National Task Force on AIDS Prevention	$550,921
11.	San Francisco AIDS Foundation	$505,721
12.	Stop AIDS Project	$515,029
13.	Tenderloin AIDS Resource Center	$83,112
14.	UCSF - AIDS Health Project	$613,474
15.	Westside Community Mental Health Center	$130,812

Commissioner Sánchez abstained on the UCSF-AIDS Health Project contract due to conflict of interest.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with Commissioner Sánchez abstaining on #3.5, 3.14 and the UCSF-AIDS Health Project of #3.20.

4) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.10(b) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A. Possible closed session held pursuant to Brown Act Section 54957 and Sunshine Ordinance Section 67.8(4).

- Consideration of a Public Employee Appointment for Interim Director of Health.

Action Taken: The Commission unanimously voted to conduct a closed session on the above item.

The Commission went into closed session at 3:15 p.m.

B. Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14(a)(4) on whether to disclose discussions held in closed session.

Action Taken: After coming out of closed session at 3:40 p.m., the Commission unanimously voted to disclose the following:

The Commission would like to advise the public and the Department's management and staff that the Commission will be working in conjunction with the Mayor to assure a prompt and timely recruitment for the next Director of Health. We expect that this transition between Directors will be both brief and smooth.

5) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

ADMINISTRATION

1997-98 Budget Process

The Board of Supervisor's Finance Committee will hear the Health Department's budget June 19. After review of the DPH budget, the Budget Analyst is proposing some minor technical adjustments. These include: changes in the Information Technology class study, reductions of selected upgrade requests, and reserves of funds in our Treatment on Demand Program where we have not yet identified a contract agency. The Budget Analyst also notes that the Primary Care and Forensics Programs recently transferred to the Community Health Network are underfunded. The Network will need to manage its resources in the next year in order to maintain a balanced budget.

We expect Board approval of DPH's new initiatives in the budget, including:

- the increase to drug treatment services;
- childhood and adult immunizations; and
- mental health managed care.

We anticipate the Board may have some questions regarding the recent DPH reorganization, because the budget looks different from prior years. As you know, this years budget is displayed showing the new organizational structure with the Community Health Network, and Public Health as separate divisions.

To receive public input, the Finance Committee will hold a public hearing on the budget Saturday June 21. Second reading of the Health Department budget is calendared for June 26. The full Board of Supervisors will consider the entire City budget at its meeting July 7 with final approval expected July 14. I will keep you informed of the process, as the Board continues its deliberations.

Labor Agreements Approved by the Board of Supervisors

Yesterday, the Board of Supervisors approved new Memorandums of Understanding with several labor organizations, which set salaries and also contain other provisions. The approved MOU's affecting the Department cover physicians and dentists, nurses, supervising nurses, miscellaneous employees represented by SEIU, and managers. The provisions of the agreements are summarized as follows:

UAPD:	**Physicians and Dentists**
Term:	4 year period between July 1997 through June 2001.
Total Cost:	$7.5 million cumulative over term of 4 years.
Wage Increases:	Total of 10%: 2% each July, and 1% December 1997 & 98.
Incentive Program:	Up to 3% bonus of base pay each year for high quality performance.
Fringe benefits:	$50 pick up for health coverage and 1.5% on retirement.
SEIU:	**Staff Nurses**
Term:	3 years from July 1997 through June 2000.
Total Cost:	$23.1 million cumulative increase over base amount.
Wage Increase:	Total of 7.5 % over the three year period, including 3% in 1997-98 (1.5% in July, 1.5 % in December); 2.5 % in FY 1998-99 (1.25% in July, 1.25% in December); 3% in FY 1999-00 (1.5% in July, 1.5% in December); An additional 1% for nurse practitioners; A one year lump sum payment of 2% for public health in lieu of wage increase. Please note that no other increase will be provided to public health nurses, beyond the lump sum payment.
Fringe Benefits:	Additional retirement pick up of 2% in July 1997, and 2.5% in July 1998.
Local 856	**Supervising Nurses**
Term:	3 years from July 1997 though June 2000.
Total Cost:	$2.5 million cumulative increase over the base amount.
Wage Increase:	6% increase over three years, including 2% each year (1% in July, 1% in December).
Fringe Benefits:	Additional retirement pick up of 2% in July 1997, and 2.5% in July 1998.
Local 21:	**Information Technology Arbitration Award of Class Study**
Term:	Retroactive to July 1, 1997.
Total Cost:	$302,000
Increases:	Up to 10% increase of base salary to selected positions.
SEIU:	**Misc. Employees represented by Local 250, 535, 790**
Term:	3 years from July 1997 through June 2000.
Total Cost:	$73.4 million cumulative over the three year period.
Wage Increase:	9.75% over three years including 1.75% every July, and 1.5% every December.
Contracting Out:	Departments may not contract out any routine work currently performed by City employees, and no existing positions will be eliminated as a result of contracting out. Contracting out is permitted if required by funding sources.
Reassignment:	Departments will be required to fill vacancies through reassignment based on seniority. Positions may be filled from outside only if no qualified employee is found within the organization.

MEA:	**Management Employees**
Term:	July 1996 through June 1998. (retroactive adjustment for one year)
Total Cost:	$2.1 million cumulative cost over base amount.
Wage Increase:	2% retroactive increase in lieu of pay for performance. Such a pay for performance plan was scheduled to begin in July 97 but will be postponed until July 1998.
Adjustments:	Increases to Director of Health, City Librarian and Director of Airport to restore salary differentials between directors and their employees.

The FY 1997-98 budget will be adjusted by the Controller to reflect the increases which take effect in July 1997.

Medi-Cal Managed Care
As I have reported previously, the Department, the San Francisco Community Clinic Consortium, the San Francisco Health Plan and Blue Cross of California have been working with the State Department of Health Services on Federally Qualified Health Center (FQHC) reimbursement. San Francisco providers and health plans have presented a proposed pilot to the State which is supportive of the concept. The pilot would allow for adequate participation of FQHCs in Medi-Cal managed care and also pave the way for FQHCs assuming risk for primary care services.

With the assistance of Assembly member Kevin Shelley, the Department was able to introduce Assembly Bill 1337 which would allow the State to develop a pilot project exploring various reimbursement methodologies for FQHCs participating in Medi-Cal managed care. AB 1337 passed through the Assembly and will shortly be deliberated in the Senate. This legislation is needed for the State to implement any changes in FQHC reimbursement methodology. The Department would like to extend thanks to the California Primary Care Association, San Francisco Community Clinic Consortium, Blue Cross and the San Francisco Health Plan for their support of AB 1337.

Relocation of 101 Grove Street Delayed to Summer of 1998
As you know, 101 Grove administrative and laboratory offices will need to be relocated during the seismic retrofit of the building. DPH working with the Department of Real Estate, identified the Lair Building in the Presidio as the temporary site of operation. All Presidio leases need approval by the newly formed Presidio Trust. The Trust recently established a policy which precludes short term leases. As a result of this decision, we are working to find an alternative temporary site for 101 Grove while undergoing seismic retrofit.

Last week, I met with the Director of the Department of Public Works, the Mayor's Finance Director, and the Director of Administrative Services to discuss the DPH retrofit schedule. We were informed that the Department's project will exceed its budget because of costs incurred preparing the Presidio site, and additional costs needed to house the lab and Tom Wadell Clinic at an alternative site. One of the reasons the Presidio site had been chosen was it contained a fully built-out laboratory which could have been utilized without upgrades. Current efforts to locate an alternative site for the lab indicate DPH will need to spend at least $1 million to properly renovate a site for temporary usage. Additionally, the Department had difficulty locating an appropriate Tenderloin site to house the Tom Waddell Clinic. The identified site, 181 Eddy Street, also requires significant renovations increasing relocation costs.

The delays and difficulty in finding suitable sites, and the increased cost needed to complete the relocation of our administrative office, laboratory and Tom Waddell sites led the Department to reconsider the timing of the project. In the aforementioned meeting last week, it was suggested DPH delay the entire move until Summer of 1998. In November, the City will propose to the voters that existing general obligation bonds used to complete seismic work to privately owned buildings be re-programmed to allow use for municipally owned facilities. If approved by the voters, the cost of the Department's project can be more realistically allocated to accommodate our needs. We hope to be able to identify a safe, suitable site for the Tom Waddell Clinic with the bond funds in order to retain the residual value of renovation costs needed to configure vacant space into a clinical setting. The delay will also provide us with additional time to find an optimal site for the lab.

We will keep the Commission apprised of any further changes in the plans and timetable for the relocation and seismic upgrade.

COMMUNITY HEALTH NETWORK

CHN Organizational Update

As part of current recruitment efforts to fill senior management positions in the CHN during this phase of organizational restructuring, the CHN has announced four new appointments. Gene O'Connell, who most recently was Chief Operating Officer at SFGH, was appointed CHN Director of Patient Care Services. In this major leadership position she will have administrative oversight for the operations of services within the CHN continuum of care which includes during this phase of the reorganization Primary Care, Emergency Care, Acute Care, and Specialty Care. The three other appointments include Dolores Gomez as CHN Acute Care Administrator, Gayling Gee as CHN Specialty Administrator, and Chris Wachsmuth as CHN Emergency Care Administrator.

Career Day at Everett Middle School

Members of the Violence Prevention/Intervention Task Force of the CHN participated in Career Day at Everett Middle School May 1st. The purpose of the event was to expose students to potential career opportunities and to answer questions about training and educational requirements for specific jobs. The 6th, 7th and 8th grade students actively participated and asked challenging questions. The event was sponsored by Community Bridges Beacon.

Excelsior Group Awarded

The Excelsior Group/HealthCare for Women and Children won a Special Achievement Award for Innovations in Maternal and Child Health from the California Department of Health Services. The award recognized the work that The Excelsior Group, a community based and community oriented practice, has done in the area of community outreach since its opening in June 1996.

The practice is the result of several collaborations, including San Francisco General Hospital and UCSF Medical Center. The mission of the practice is to serve the community by responding to its needs regarding health education and medical services.

The Excelsior Group is also the site of a health education project funded by the Bernard Osher Foundation and developed with the assistance of staff from the Department of Education and Training at SFGH. The Patient Education and Outreach Linkages Project (PECOL) is yielding important information regarding the community's stated health needs. Results from the project, currently being tabulated, will yield information for further projects and community interventions.

Summer Enrichment Interns at the CHN

Surafael Asgedom and Manika Massey, began their internship in the Summer Enrichment Program (SEP) at the Community Health Network last week. The SEP program is a twelve week paid internship for undergraduates and graduate minority management students interested in learning about a career in health care administration. It is sponsored by the Institute for Diversity in Health Management. The interns will be assigned to members of the senior management staff to gain first hand experience in the operational and management issues facing the CHN.

LHH ADHC Director Recognized by ADHC Network

Linda Franco, Director of Laguna Honda Hospital's Adult Day Health Care Center was recognized last week by the San Francisco Adult Day Health Network at their Annual Recognition Awards Event. David Ishida, Director of the Commission on Aging and I also received recognition. I am sure you join me on behalf of the Department in offering Linda congratulations on a job well done.

Psychiatric Emergency Services

Based on an increase in patient volume, on June 12, 1997, the SFGH Psychiatric Emergency Services, in coordination with DMS, diverted all patients from 10:25 a.m. until 2:05 p.m. The entire system had maximized its capacity and pre-diversion intervention. There were no admission of patients to other hospital emergency departments during the time on diversion. This was the first time since the diversion process developed for the mental health system that diversion was called. All aspects of the diversion process were successful and the event was completed without incident or negative patient outcome.

Diversion

Critical Care Diversion for the period June 1 through June 15, 1997 is 0 hours! The Emergency Department diverted for 3 hours.

PUBLIC HEALTH

EMS Reconfiguration Update

When the EMS Reconfiguration Plan was presented to the joint Health and Fire Commissions, the Departments assured the Commissions that prior to the transfer of function we would resolve issues regarding wages and terms of employment with the unions representing affected employees. Both Departments have been working diligently with the Unions to accomplish this task.

The City's Human Resources Department determined that the Fire Rescue (H-1) paramedics will be represented by Local 790 (SEIU). The fully cross-trained firefighter paramedics will be represented by 798 (Firefighters Union).

Unfortunately, negotiations between the City and Local 790 have been protracted. The EMS plan was envisioned as a cost neutral method of improving the City's response to emergencies by reconfiguring the existing work force. In the current negotiations, the City and the Local 790 have substantively different positions regarding benefits, especially with regard to retirement benefits.

The Department remains convinced that there are sound policy reasons for the transfer of function to occur. However, these labor issues must be resolved so that our Department of Public Health paramedics can make an informed decision as to whether they wish to remain in their current position as paramedics (within the Fire Department) or whether to voluntarily elect to become Fire Rescue Paramedics (H-1). We will keep the Commission appraised of our progress in this important matter.

Childhood Lead Prevention Program (CLPP) Budget Issues

On June 10th, the CLPP learned that the FY 97-98 Centers for Disease Control (CDC) lead poisoning prevention grant was awarded to the State Department of Health Services (DHS), in the amount of $924,161, a 24% reduction of the State's requested amount.

Based on the priorities set by the CDC grant budget, staffing and objectives will be limited to secondary prevention activities:

1. Expanding DHS surveillance capacity in order to meet CDC performance measures for State lead programs in the areas of surveillance and targeted screening;

2. Beginning trial implementation and evaluation of Targeted Screening Strategies, in order to publish a final statewide Targeted Screening Implementation Plan;

3. Creating a policy directive for all Managed Care plans in California under contract with DHS for services to MediCal eligible children regarding care coordination of member children with elevated blood lead levels.

In contrast, San Francisco's program which has focused on primary prevention strategies, is no longer being supported by the CDC grant to DHS. This grant has supported the CLPP program for five years.

Based on the reduction to the State program, this year San Francisco will receive $118,802. This represents a 47% decrease from FY 96-97 actual funding of $223,280. This loss jeopardizes current staffing as follows:

- 2.0 Community Outreach Workers;
- 0.4 FTE of a Health Educator;
- $4,100 operating expenses;
- $4,600 in subcontracts to community groups;
- and a 0.8 FTE Research Associate position (costing $28,400).

Without these positions, CLPP will not be able to:

1. Maintain customized database support to all surveillance, environmental investigation, and primary prevention activities.

2. Maintain its current level of prevention-oriented outreach activities and CBO subcontracts targeting culturally diverse, high-risk communities, including CLPP's successful outreach to parents, property owners, construction workers, child-care providers, community organizations and media outlets with lead hazard prevention information.

3. In particular, the bilingual, biliterate and bicultural capacity of the CLPP will be greatly reduced for reaching African American, Spanish and Cantonese-speaking target communities. These tasks had been performed by the two Community Outreach Worker positions that focused on African American, and Asian community outreach; and by the Health Educator that focused on outreach with

the Spanish-speaking community. This multi-lingual capacity is an absolute necessity in meeting many recent Health Code mandates.

The grant is entirely administered by DHS and the Public Health Institute, and CDC staff are employees of the Institute. The Department would require $157,782 to maintain this program next year.

Presentations/Recognitions

Virginia Smyly, Director of Perinatal Services, presented the "Afro-Centric Parenting Model" at the Black Infant Health Contractors Statewide meeting May 19 in Anaheim.

Janet Shalwitz, M.D., Medical Director for MCAH, presented 'Youth Health Problems and Health Care Access in San Francisco' at the Annual Maternal and Child Health Conference in Anaheim May 20.

Jacque McCright, Health Educator, received the Distinguished Alumni for Health Sciences/Health Education Program Award from the Health Education Department of the San Francisco State University on May 31 citing her outstanding community-based health education activities conducted through the STD Division of the Department of Public Health.

San Francisco Mental Health Town Hall for SF Community Mental Health

Mental Health Director, Jo Ruffin, convened a town-hall attended by 200 community mental health providers May 29, to discuss the Mental Health consolidation implementation plan.

As you know, there has been an overall reduction in institutional care dollars at Napa State Hospital and locked long-term care facilities. Community programs have developed increased supportive housing resources, particularly increased residential care bed facilities and co-op apartments.

The town-hall focused on major system reforms to be implemented over the next year. Specifically, a discussion of the three intensive case management programs (SPRS) initiated for high-risk, high-cost clients. These programs share risk with the County for all services their enrollees utilize. Mental Health anticipates an enrollment of 400 clients.

Tina Yee, Director of Cultural Competency Consumer Services and Prevention, presented her plan for an Office of Consumer Affairs, as well as continued implementation of plans for the system to increase cultural competence.

April 1997 Department statistics are available at the Commission Office.

Dr. Hernández gave the Commission copies of the proceedings from the San Francisco Breast Cancer Summit held on November 9, 1996. This report will be disseminated to thousands of women in San Francisco and to conferees at the U.S. Conference of Mayors this week. Dr. Hernández commended Anne Kronenberg and Eileen Shields for their leadership in organizing the Breast Cancer Summit.

The Commission thanked Ms. Kronenberg and Ms. Shield for their excellent work.

SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT
May 1997

	Appointments		Reappointments	
	Medical Staff	Affiliate Staff	Medical Staff	Affiliate Staff
Active	3		3	
Courtesy	19		16	
Associate	1		1	
TOTALS	23	0	20	3
Resignations	5	0		
Applications	78			

6) CONSIDERATION OF A RESOLUTION TO REVISE THE PHARMACEUTICAL FORMULARY FOR PATIENTS UNDER THE COUNTY MEDICAL ASSISTANCE PROGRAM

Rich Cordova, Executive Administrator of San Francisco General Hospital and Community Health Network of San Francisco, and Dr. Neil Benowitz, Chairman of the Community Health Network Pharmacy Council, presented background and work of the Pharmacy Council, (Attachment A).

President Chow pointed out that this proposed formulary policy pertains to outpatient pharmacy.

Action Taken: The Commission unanimously adopted Resolution #15-97, "Approving the New Community Health Network Pharmacy Formulary," (Attachment B).

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

Public Comments: Frederick Hobson, member of S.F. Health Authority, encouraged salary increases with benefits to VNH workers. Mr. Hobson also commented on agenda item #6 urging a policy regarding nutritional supplements.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

Community
Health Network
of San Francisco

*San Francisco
Department of
Public Health*

*UCSF Clinical Practic
Group at San Francis
General Hospital*

June 6, 1997

To: Health Commission
City & County of San Francisco

Through: Sandra Hernandez, MD, Director /SRH
Department of Public Health
City and County of San Francisco

From: Richard Cordova, Executive Administrator
Community Health Network of San Francisco RCordova

Re: Community Health Network Pharmacy Council Recommendation for Single Formulary

Background.
The Community Health Network Pharmacy Council convened in January 1996 to address the following opportunity statement. The membership of this Council included representation of the physicians from the CPHS, SFGH, LHH, AIDS, Mental Health; and the Pharmacy services of SFGH, LHH, DMS, Forensics, and CPHS. The Council was chaired by Neil Benowitz, MD.

> An Opportunity exists to improve patient care through the development of new pharmaceutical policies and practice guidelines while improving the cost effectiveness for the entire Integrated Delivery System. The process begins with an analysis of the financial impact of current pharmaceutical policies and practice guidelines. The process ends with the formulation of an ongoing procedure for evaluating, approving, and communicating new pharmaceutical policies and practice guidelines for providers in the CHN. In the near future the Council will also review and make recommendations of the distribution of "no charge" Over the Counter (OTC) medications and the practice of prescribing medications prior to submitting authorized requests to appropriate payors (e.g. HMO, Medi-Cal).

Process.
The Council reviewed extensive data reports provided by the SFGH Pharmaceutical Services designed to evaluat the 1) current prescribing patterns of our providers; 2) the comparisons of the Medi-Cal Formulary and the San Francisco Health Plan Formulary with the current SFGH Formulary; and 3) the fiscal impact of our current practices. This data was then discussed among the practitioners on this Council in order to formulate recommendations to the Health Commission.

Department of Pharmaceutical Services and Materials Management
1001 Potrero Ave. Room GP3, San Francisco, CA 94110-3518
Phone (415) 206-5088 • Fax (415) 206-5084

Discussion Points.

1. It was widely acknowledged that the Pharmaceutical & Therapeutic Committees of the respective institutions had formulated excellent clinical practice guidelines and formularies. The Council wanted to build upon this foundation.

2..The San Francisco Health Plan with managed care process is different from Medi-Cal Fee For Service in that we haves a contractual obligation to comply with their formulary.

3. The data indicates that 89% of the medications dispensed are currently on the Medi-Cal Formulary; and, that 93% of the prescriptions dispensed are currently on the San Francisco Health Plan Formulary. *(Please see attachment #1)*

4. There were only 111 drugs that are on the current SFGH Formulary that are not on the current Medi-Cal Formulary. *(Please see attachment #2)*

Recommendation.

1. The CHN Pharmacy Council is recommending the adoption of a single Community Health Network Outpatient Formulary and Formulary Process for all Medi-Cal and County sponsored patients. This is based on the principle that all patients (both County Assistance Program patients and insured patients) should be treated the same; and secondly, medication use should be as cost-effective as possible.

a) The foundation for this single formulary will be the Medi-Cal Formulary. Previously, SFGH and the Health Centers have had a formulary distinct from the Medi-Cal Formulary. To maximize cost savings it was decided that the Medi-Cal Formulary should be the core formulary for all patients (except insured patients whose insurers provide specific formularies, e.g. the San Francisco Health Plan).

b) All drugs not on the formulary will require the completion of an authorization request section on our new prescription form. This will allow maximal recovery of Medi-Cal reimbursement. The SFGH Pharmacy staff will process these requests for the providers. Authorization requests for Medi-Cal patients will be processed through the Medi-Cal field office. Authorization requests for County sponsored patients will be handled by a review process that will be established within the Managed Care Office.

c) The Council is also establishing criteria for the dispensing of non-formulary medications for both MediCal and County sponsored patients. The non- formulary medications will be placed in one of 3 categories:

(1) Essential. These drugs will be determined by a sub-committee of the Pharmacy and Therapeutics Committee. These non-formulary medications will be dispensed prior to the submission of the authorization request. The medications included in this list are based upon the following criteria: (a) *clinical necessity,* which includes unique drug classes and drugs for which there is no other alternative on the Medi-Cal formulary; (b) *cost effectiveness,* which includes hidden costs such as extra physician visits required, extra referrals to specialists, lab tests, and side effects; *(c)compliance advantages;* and, (d) *standards of care,* in the case of standardization of care, drugs will be reviewed at least annually for appropriateness of dispensing under this category.

(2) Non-Essential but Available. These non-formulary medications will not be dispensed unless payor approval is obtained.

Attachment A
Page 2 of 3

(3) Non-Essential but Available Upon Special Request. Special requests and approval of denied authorizations of drugs will be submitted to Yong Liu, PharmD, Formulary Manager, who is responsible for formulary matters. Dr. Liu will direct the requests to the appropriate consultant physician. Based on appropriate clinical consultation, the request will be approved or denied on a case by case basis.

2. The CHN Pharmacy Council is establishing special subcommittees to review Over the Counter (OTC) medication formulary and the use of nutritional supplements by the fall of 1997. These subcommittees will propose a formalized OTC Formulary and Guidelines for the Use of Nutritional Supplements for review by the CHN Pharmacy Council. These will become part of the CHN Formulary. The Council affirmed the clinical need for OTC medications and nutritional supplements for the CHN patients. The SFGH Pharmacy will continue to (1) enter these medications and supplements into the patients Lifetime Clinical Record (LCR) and (2) track the utilization through the Pharmacy Information System.

3. A new prescription form was developed that listed the top 300 most commonly prescribed drugs. *(Please see attachment #3)*. This form was developed to address a need expressed by physicians. However, providers can submit the required information (i.e. clinical justification) on other prescription forms if desired. This new prescription form provides the following features for the providers:

a) it notes the formulary status of both Medi-Cal and the San Francisco Health Plan for the top 300 most commonly prescribed medications;
b) the list of drugs are sorted by Therapeutic Category;
c) it notes the type of clinical justification required by the Payor if the provider prescribed a restricted use or non-formulary medication;
d) it provides space for the provider to note this clinical justification for this restricted use or non-formulary medications; and,
e) it provides an excellent resource document for the SFGH Pharmacy Staff to submit claims for non-formulary medications to the Payor in order to maximize the probability for reimbursement.
f) it allows CHN pharmacies to track specific prescribing patterns for better provider specific evaluations regarding cost effectiveness.

Conclusion. The CHN Pharmacy Council believes that these recommendations meet the goals of treating all CHN patients the same, regardless of payor category; offers substantial pharmaceutical cost savings; and, is workable within the CHN system.

attachments

Attachment B
Page 3 of 3

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-97

APPROVING THE NEW COMMUNITY HEALTH NETWORK PHARMACY FORMULARY

WHEREAS, the Health Department's patient care sites and providers have been reorganized into a single, integrated delivery system known as the Community Health Network of San Francisco; and,

WHEREAS, San Francisco General Hospital and Laguna Honda Hospital have had long-standing Pharmacy and Therapeutics Medical Staff Committees which implemented hospital formularies focused on cost-effective clinical practices; and,

WHEREAS, the Community Health Network needs a uniform formulary for its patient care sites and providers; and,

WHEREAS, the Community Health Network established a Pharmacy Council charged with formulating a procedure for evaluating, approving, and communicating new pharmaceutical policies and practices throughout the Community Health Network; and,

WHEREAS, this Pharmacy Council of the Community Health Network Providers recommends that the Medi-Cal formulary be used as the basis for the Community Health Network Formulary; and,

WHEREAS, this Pharmacy Council of providers further recommends that other essential drugs needed on the formulary be evaluated based on clinical necessity, cost effectiveness, compliance advantage, and standard of care; and,

WHEREAS, this Community Health Network Council further recommends that all drugs not on the formulary require prior authorization from the payor or its designee; now, therefore, be it

RESOLVED, that the Health Commission hereby approves the application of a single Community Health Network Formulary and formulary process for all Medi-Cal and County sponsored patients.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, June 17, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
FAX: (415) 554-2665

97

AGENDA

HEALTH COMMISSION MEETING

July 1, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF JUNE 17, 1997**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **Administration** - FY 1997-98 Patient Rates for DPH Services.

(3.2) **DMS-CMHS** - New contract with Regents/University of California San Francisco (UCSF) on behalf of the Clinical Practice Group (CPG) at San Francisco General Hospital in the amount of $2,361,203 per year to implement a new managed care program serving severely mentally ill adults for the period of July 1, 1997 through June 30, 1999. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

(3.3) **DMS-CMHS** - Second modification to the contract with St. Mary's Pharmacy Management Services in the amount of $273,669 to provide outpatient prescription drug services for the period of July 1, 1996 through June 30, 1997. The total amount of the contract is $1,679,691. (DPH contracted with St. Mary's Pharmacy Management Services for services totaling $1,405,022 during FY 1996-97).

(3.4) **DMS-CMHS** - Contract renewal with Recreation Center for the Handicapped, Inc. (RCH) in the amount of $50,343 per year to provide day care intensive services to dually diagnosed mentally ill/developmentally disabled clients for the period of July 1, 1997 through June 30, 2001. (DPH contracted with RCH for services totaling $50,343 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

5) **UPDATE AND STATUS REPORT OF THE BAYVIEW HUNTERS POINT HEALTH ASSESSMENT**

6) **PRESENTATION OF A STATUS REPORT ON THE EMERGENCY MEDICAL SERVICES CONFIGURATION**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

8) **DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11 AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:**

A. Possible closed session held pursuant to Brown Act Section 54956.9, and Sunshine Ordinance Section 67.8(3).

1) Consideration of a $97,621.64 settlement of an unlitigated claim by the United States Department of Health and Human Services against San Francisco General Hospital for duplicate bills to the Medicare program for non-physician outpatient services.

B. Discussion and vote pursuant to Brown Act Section 54956, and Sunshine Ordinance Section 67.14(a)(3), on whether to disclose discussions held in closed session.

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government’s duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people’s business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people’s review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Executive Secretary

TEL: (415) 554-2666
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/97

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, July 1, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:
Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 17, 1997

Action Taken: The Commission unanimously adopted the minutes of June 17, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) **Administration** - FY 1997-98 Patient Rates for DPH Services.

Commissioner Barnes requested information on the percentage increases for the Laguna Honda skilled nursing bed rates for the past fiscal years.

(3.2) **DMS-CMHS** - New contract with Regents/University of California San Francisco (UCSF) on behalf of the Clinical Practice Group (CPG) at San Francisco General Hospital in the amount of $2,361,203 per year to implement a new managed care program serving severely mentally ill adults

for the period of July 1, 1997 through June 30, 1999. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

Commissioner Sánchez abstained on this item due to conflict of interest.

(3.3) **DMS-CMHS** - Second modification to the contract with St. Mary's Pharmacy Management Services in the amount of $273,669 to provide outpatient prescription drug services for the period of July 1, 1996 through June 30, 1997. The total amount of the contract is $1,679,691. (DPH contracted with St. Mary's Pharmacy Management Services for services totaling $1,405,022 during FY 1996-97).

(3.4) **DMS-CMHS** - Contract renewal with Recreation Center for the Handicapped, Inc. (RCH) in the amount of $50,343 per year to provide day care intensive services to dually diagnosed mentally ill/developmentally disabled clients for the period of July 1, 1997 through June 30, 2001. (DPH contracted with RCH for services totaling $50,343 during FY 1996-97).

Commissioners Monfredini and Sánchez commended the agency for its programs but also encouraged improved compliance with Commission policy regarding its Board and staff composition.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with Commissioner Sánchez abstaining on #3.2.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

ADMINISTRATION

Board of Supervisors FY 1997-98 Budget Review

Last week, the Finance Committee of the Board of Supervisors reviewed Department of Public Health's Mayoral approved FY 1997-98 budget. The Budget Analyst recommended that salary accounts be reduced by approximately $2 million. However, we were able to convince the Board not to accept these recommendations because of the probable impact on our service delivery system. We did agree to reduce various operating accounts by $215,000. These reductions will be absorbed within the Public Health Division, and won't have adverse programmatic impact.

As you know, the new budget will fund several important public health initiatives including first steps to implementation of Treatment on Demand Plan, expanded childhood and adult immunizations, lead hazard abatement expansion and implementation of mental health outpatient managed care.

PUBLIC HEALTH

Restructuring Update

As part of the next phase of organizational restructuring in the Public Health Division, Environmental Health and Occupational Safety and Health will become part of the Community Health and Safety section under the direction of Dr. Mitch Katz, effective today (July 1st). The transfer of administrative responsibility brings environmental health and occupational safety and health activities into the same organizational unit as other regulatory functions such as disease control and the Emergency Medical Services Agency, marking the first time in recent years that the responsibilities most often associated with the Health Officer have been brought together administratively. I want to take this occasion to thank Dr. Larry Meredith for his past capable leadership. As you will hear later during today's presentations, Dr. Meredith will maintain his involvement in environmental health as co-chair of the Bayview Hunters Point Health and Environmental Assessment Task Force.

I am also pleased to announce that Maria Martinez has joined the Department as deputy to Pat Reynolds, Director of the Community Health Services section of the Public Health Division. Ms. Martinez has an extensive background in consulting and in community work, and she has recently served on the Arts Commission. We are fortunate to have her with us as the newest member of an increasingly strong Community Health Services management team.

Video Display Terminal Study

In the absence of a federal or state "Ergonomics Standard", the City and County of San Francisco Board of Supervisors passed the Video Display Terminal Worker Safety Ordinance (referred to as the VDT Ordinance) in 1991. The VDT Ordinance was enacted to protect employees from repetitive strain injuries related to video display terminal use. Despite the VDT Ordinance, reported repetitive strain injuries in Community Health Programs have increased from zero in 1992 to 22 in 1996. Six cases have been reported in the first four months of 1997.

Therefore, the Occupational Safety and Health Program is interviewing VDT users in Community Health Programs to:

- Evaluate our compliance with the VDT Ordinance, and
  Evaluate the effectiveness of the VDT Ordinance in preventing repetitive strain injuries.

Staff have completed 60 of 250 interviews. An interview requires approximately 15 minutes to complete and identifies standard demographic information and areas of non-compliance with the VDT Ordinance. A portion of the interview is spent observing participants while using their workstation for postural risk factors. A survey of upper extremity discomfort is also completed to analyze prevalence of symptoms occurring in seven anatomical regions. At the conclusion of the interview, participants are instructed how to adjust their posture and office equipment to prevent or mitigate discomfort. In addition his information will help the Department provide a basis for projected expenditures associated with computer use related injury and illness.

COMMUNITY HEALTHY NETWORK

Department of Justice at Laguna Honda Hospital.

During the week of June 16-20, the Department of Justice conducted an investigation of Laguna Honda Hospital. During this visit, the Department of Justice investigators observed different parts of the facility and visited several wards. Our understanding of the process is that it may be two to three months before we receive a formal report.

Appointment of Chief, Medical Service at SFGH

Talmadge E. King, Jr., M.D., has accepted the position of Chief of the Medical Service at San Francisco General Hospital beginning August 1, 1997. Dr. King is currently a Professor of Medicine and Vice Chair for Clinical Affairs at the University of Colorado Health Sciences Center. He also serves as a Senior Faculty Member and Director of the Interstitial Lung Disease Laboratory at the National Jewish Center for Immunology and Respiratory Medicine in Denver, Colorado.

Diversion Statistics

The Critical Care diversion for the period June 1 through June 30, 1997 was 1 hour and 30 minutes or 0.2%. The Emergency Department's total diversion was 13 hours and 22 minutes or 1.9%.

Medical Staff Appointments

I have signed, on behalf of the governing body, medical staff applications for the following Laguna Honda medical staff:

> Peter Brian Anderson, M.D., who will provide as needed night and weekend coverage; and
> Nathalie Caire Fon, M.D., who will provide part-time day ward coverage.

For comparison purposes, Commissioner Guy requested diversion statistics over a period of time.

5) UPDATE AND STATUS REPORT OF THE BAYVIEW HUNTERS POINT HEALTH ASSESSMENT

The members of the Bayview Hunters Point Health and Environmental Assessment Task Force, Larry Meredith, Ph.D., Francine Carter, Ray Tompkins, and Cynthia Selmar, MSW, presented the background of the Bayview Hunters Point Health and Environmental Assessment Project (BVHP-HEAP), a description of their recent outreach efforts to engage the community in prevention strategies, and the next steps to take. Ms. Selmar and Ms. Carter invited the Commissioners to view an oral history project on July 20, 1997, 1:30-3:30 p.m. at Southeast Health Center.

Dr. Meredith introduced newly-hired Project Coordinator of BVHP-HEAP, Zakiya Somburu. Dr. Meredith stated that a proposed resolution endorsing the activities and directions of the Task Force will be brought to the Commission for consideration on July 15, 1997.

Tomás Aragón, M.D., M.P.H., presented a summary of the research activities on morbidity and mortality in Bayview Hunters Point, (Attachment A).

Public Speakers: Zakiya Somburu, M.P.H., Bayview Hunters Point Health and Environmental Assessment Task Force.
Veronica Lightfoot, SFUSD, Dr. George Washington Carver Academic Elementary School.
Ahimsa Sumchai, M.D., BVHP-HEAP.

Commissioners' Comments:

- The Task Force's community approach is a unique and informative model.
- What will the Department be doing as the next steps?
- The Commission appreciates a community-driven participatory process and encouraged the Task Force not to wait for all the research before services start.
- The Commission would like a progress report from the Department on the priority activities and a strategic plan of the Task Force.
- Private foundations should be involved with funding of this project.

Dr. Hernández thanked Francine Carter and Ray Tompkins for their ongoing work with the Task Force. She recommended three areas of priority:

1. The asthma project with the schools.
2. Cervical cancer prevention programs.
3. Environmental factors affecting breast cancer.

Dr. Hernández recommended that the proposed resolution coming to the Commission on July 15 would address the issue of directions of the Task Force and timely program reports to the Commission.

6) PRESENTATION OF A STATUS REPORT ON THE EMERGENCY MEDICAL SERVICES CONFIGURATION

Dr. Mitch Katz, Director of Community Health and Safety, gave a status report on the Emergency Medical Services Configuration, (Attachment B).
Chief Paramedic Ehrhardt Groothoff of the Department of Public Health and Chief Richard Shortall of the Fire Department gave words of appreciation to all the people involved in the transfer of function of the Health Department Paramedic Division to the Fire Department.

President Chow thanked and commended all involved to produce a better emergency service system for the people of the City and County of San Francisco.

Dr. Hernández thanked the Commission, Fire Chief Robert Demmons and his staff, and Dr. Katz, for their unwavering support for this major change.

At the recommendation of Dr. Hernández, President Chow requested quarterly reports to the Commission on the progress of the reconfigured system.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11 AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A. Possible closed session held pursuant to Brown Act Section 54956.9, and Sunshine Ordinance Section 67.8(3).

The Commission went into closed session.

Action Taken: The Commission unanimously voted to conduct a closed session on this item.

1) Consideration of a $97,621.64 settlement of an unlitigated claim by the United States Department of Health and Human Services against San Francisco General Hospital for duplicate bills to the Medicare program for non-physician outpatient services.

The Commission came out of closed session.

Action Taken: The Commission unanimously approved the $97,621.64 settlement.

B. Discussion and vote pursuant to Brown Act Section 54956, and Sunshine Ordinance Section 67.14(a)(3), on whether to disclose discussions held in closed session.

Action Taken: The Commission unanimously voted not to disclose discussions held in closed session.

The meeting was adjourned at 5:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

7/1/97

Bayview-Hunters Point Health & Environmental Assessment Project
Summary of Research Activities
Tomás Aragón, MD, MPH

The Bayview-Hunters Point Health & Environmental Assessment Task Force is a collaborative effort between Bayview-Hunters Point neighborhood residents and the following organizations: Golden Gate University Environmental Law & Justice Clinic; South East Alliance for Environmental Justice; Northern California Cancer Center; Lead Poisoning Prevention Project; University of California, San Francisco; San Francisco Department of Public Health, California Department of Health Services, and more.

The Task Force Research Committee formed in June 1996.

Research challenges
- Being responsive to community concerns.
- Developing ongoing communication with the community and earning community trust.
- Recognizing the limitations of epidemiology to establish 'causal links' between complex environmental exposures and diseases with long latency periods with either small relative risks or small population sample sizes in dynamic, mobile populations.
- Acknowledge and support environmental equity concerns independent of ability to establish environmentally-related adverse health outcomes.
- Recognizing the distinction between personal environmental exposures and community environmental exposures.
- Asking and studying feasible research questions relevant to the community.
- Maintaining a broad public health perspective.
- Securing funding sources to conduct needed research.

Research Committee objectives
- Environmental Technical Advisory Subcommittee
- Community Health Survey
- Community Health Mini-Profiles (focus of Town Hall Meeting)
- Secure necessary research funding

Community Health Mini-Profiles

The purpose of the Community Health Mini-Profiles (CHMPs) is to develop a comprehensive health needs assessment ("health profile") of BVHP for community residents, community-based organizations, and community and city planners. Each CHMP will specifically present primary health data, analysis, and interpretation for the following purposes:

1. to assess community health needs,
2. to provide community and city planners with accurate health data and information,
3. to serve other San Francisco communities by analyzing, whenever possible, other communities, neighborhoods, or districts.

Although the primary emphasis in on the BVHP community, whenever data are available and analyses are feasible, the CHMPs will also provide the primary data for other San

Francisco communities. BVHP HEAP is committed to supporting the efforts of other San Francisco communities by providing them with useful and relevant health-related data and information.

The CHMPs are short summary reports to be compiled into a binder and each report will be periodically updated. A primary goal of these Mini-Profiles is to assess community health needs for the purposes of community education and planning, and not specifically to compare neighborhoods or racial/ethnic groups. Although some comparisons across racial/ethnic groups or geographic locations are unavoidable, valid conclusions or inferences drawn from these comparisons are limited because (1) the Mini-Profiles are not designed to test causal hypotheses and (2) individual-level risk factor data are often not available to sort out "causal factors". Instead, the hope is the that these reports will be used by community and city planners, educators, organizers for planning , teaching, developing educational materials, identifying problem areas requiring further research, for allocating needs resources, etc.

All Community Health Mini-Profiles will be available to the general public.

Key findings

- BVHP has among the highest hospitalization rates in the State of California for asthma, chronic obstructive pulmonary disease, hypertension, congestive heart failure, and diabetes mellitus. These conditions are regarded as Ambulatory Care Sensitive (ACS) conditions and serve as indicators of hospitalizations that are preventable by appropriate primary care. [Grumbach et al, UCSF 1997].

- BVHP has among the higher age-adjusted rates of breast, cervical, lung, and prostate cancer for San Francisco neighborhoods [Cabral Evins D, Aragón T. "Breast, Cervical, Colorectal, Lung, and Prostate Cancer: Incidence by San Francisco Planning District", BVHP HEAP CHMP (draft in progress)].

- When BVHP is compared to San Francisco, our research shows that BVHP males have higher age-adjusted mortality rates for ischemic heart disease, homicide, lung cancer, stroke, pneumonia, and drug overdose; and BVHP females have higher age-adjusted mortality rates for ischemic heart disease, stroke, breast cancer, lung cancer, and AIDS [Reiter R, Aragón T. "Leading Causes of Death in Bayview-Hunters Point Compared to San Francisco". BVHP HEAP CHMP (draft in progress)].

- The poor health status of residents in BVHP reflects, in large part, the racial disparities in health status among San Francisco residents in general. For example, based on current San Francisco race and age-specific mortality rates, African American males have a life expectancy of 59.9 years and a 1 in 20 crude lifetime risk of dying from homicide. This is about eight times the lifetime risk of white males. However, the African American male age-adjusted homicide rate is 65% higher for BVHP compared to San Francisco. [Aragón T. "Leading Causes of Death in San Francisco 1987-1995: Incidence, Lifetime Risk, and Impact on Life Expectancy", SFDPH Report (draft in progress)]

- Likewise, the higher breast cancer mortality rates in BVHP reflect the higher breast cancer mortality rates for San Francisco African American women. Among women with local stage diagnosis, African American women had a 77% higher breast cancer mortality rate compared to white women. [Cabral Evins D, Aragón T. "The Epidemiology of Breast Cancer in San Francisco 1973-1993: Incidence, Cumulative Risk, and Survival", SFDPH Report (draft in progress)].

- BVHP has the highest concentration of air polluting industries compared to other San Francisco zipcodes. In fact, the only zipcode second to BVHP is the San Francisco International Airport. [Fairley D. "Distribution of Toxic Air Contaminant Emissions in San Francisco", BVHP HEAP CHMP (draft in progress)].

City and County of San Francisco
Department of Public Healt
Community Health & Safet

MEMORANDUM

DATE: July 1, 1997

TO: Honorable Edward A. Chow, MD, President
and Members of the Health Commission

THRU: Sandra R. Hernández, MD
Director of Health

FROM: Mitchell H. Katz, MD
Director, Community Health & Safety

RE: Presentation of a Status Report on the Emergency Medical Services Configuration

As the Health Commission is aware, July 1, 1997 was the target date for the transfer of function of the Health Department Paramedic Division to the Fire Department. We are happy to report that the transfer of function occurred today as scheduled. This marks the end of Phase 3 (Cross-training phase and labor negotiations) and the beginning of Phase 4 (Deployment of Fire based Response and Transportation).

The EMS Reconfiguration Plan was conscientiously conceived of as a phased in process. The Phase II report presented to the Joint Health and Fire Commissions in October of 1997, envisioned seven phases stretching out until the year 2000. This was done to be certain that all necessary steps would be accomplished thoughtfully, with sufficient time for evaluation and modification, as necessary.

As was reported to the Health Commission in the Director's Report of June 17, 1997, negotiations between the City and SEIU Local 790, the Union representing the newly created class of Fire rescue paramedics, were protracted. The City management team, consisting of both Health and Fire representatives, met with Union leaders and the paramedic negotiating team, numerous times during the past several weeks. Three of the meetings, including one which lasted until 8 PM last night, were led by the Mayor. The negotiations were lengthy but resulted in a tentative agreement with which all parties are satisfied. The basic terms of the tentative agreement, which still is subject to ratification of the employees slated to enter the H-1 classification and approval by the Board of Supervisors and the City Attorney, include the following.

(415) 554-9010 25 Van Ness Avenue, Suite 500 San Francisco, CA 94102-60

Term

Two Years, ending June 30, 1999.

Wages

Five-step salary schedule, with a biweekly rate at the top step of $2274, which is the current 2532 Paramedic top step plus 2% -- the same raise that H-2 Firefighters are to receive on July 1, 1997. Salaries will be increased at the same rate as provided for in the Firefighters' contract, i.e., 1.5% in January 1998, 2% in July 1998, and another 1.5% in January 1999.

H-1 Fire Rescue Paramedics will also receive a 5% fire suppression premium for all hours worked, contingent upon the class maintaining a 24-hour shift and meeting FLSA criteria as a fire suppression class.

Retirement

Because the H-1 Fire Rescue Paramedic classification is a uniformed class within the Fire Department, employees entering the class will be eligible prospectively to receive Fire Safety pension benefits. The relative benefit to be received by each employee entering the H-1 class will vary based on several factors, including the employee's age, years of service, and anticipated retirement date. While the transfer to the Fire Safety retirement plan will result in increased benefits for almost all paramedics, the most senior paramedics may not see as great a benefit as junior employees who will work for many years in the Fire Department.

Rules regarding retirement benefits are governed by the Charter. In order to address the issue of crediting years of paramedic service in the Fire retirement plan, the City and the Union have agreed to place on the ballot, no later than November 1998, a proposed charter amendment allowing for miscellaneous paramedic service to be credited as years of service under the Fire Safety retirement plan.

"Make Whole" Compensation Fund

In order to ensure that no paramedic earns less in salary as a result of the transfer to the H-1 class, the City and the Union agreed to set aside $115,000 each year of the compensation to those most senior employees who will not see an increase in their retirement benefits as well as to ensure that paramedics do not earn less in salary as a result of the elimination of various premiums currently paid to paramedics, such as night shift differential and longevity pay. The amount of the fund in the second year may increase up to a total $350,000 if the Controller certifies that the reconfiguration of the H-1 class allows the City to realize increased revenues. Although the basic terms of these provisions have been agreed upon, the specific language remains to be drafted.

Staffing

Assuming available personnel and adequate demand, the Fire Department has obligated to abide by the terms of the Phase II plan regarding the maintenance of 16 ALS ambulances that, except for certain pilot programs, will be staffed with two paramedics. While no other mandatory staffing requirements are built into the contract, a joint committee, to be chaired by the Fire EMS Medical Director, will be established to review staffing measures as the H-1's commence 24-hour shifts.

While the parties hope to resolve any issues that may arise regarding 24-hour shifts for H-1's, the contract has limited reopeners in two circumstances: (1) the parties cannot agree on appropriate staffing measures six months after the 24-hour shift commences, or (2) the 24-hour shift is eliminated due to loss of the fire suppression exemption.

Other Terms

While much time was spent in negotiations on the issues described above, the parties also reached tentative agreement on dozens of other issues that will comprise their new MOU. Included among these are provisions relating to preceptor pay, grievance procedure, alternative work schedules, education pay, bidding for ambulances and shifts, and safety equipment.

Next Steps

Much remains to be accomplished before appointments to the H-1 class can occur. The final language of the contract needs to be agreed upon the City and Union, approved as to form by the City Attorney, and then submitted for approval to the Board of Supervisors. Assuming that the contract proceeds through the legislative process without unanticipated delays, this process should be completed in September.

While the approval process of the contract occurs, the City will provide the terms of the tentative agreement to the 2532 Paramedics for their review. After allowing the paramedics approximately two weeks to review the tentative agreement, each 2532 Paramedic will be asked to select whether he or she wants to become a H-1 Fire Rescue Paramedic or to remain a 2532 Paramedic. Once we know which employees will become H-1's, we will be able to accomplish a myriad of projects: develop a staffing model for the 24-hour shifts, allow employees to bid on the new shifts, perform required drug testing, commence the appointment process through the Department of Human Resources, and, above all, ensure that the transition to the new model will provide safe patient care for the residents and visitors of San Francisco. We hope that all of these projects can occur concurrently with the legislative process, allowing the appointments to the H-1 class and the commencement of the 24-hour shifts to occur in September 1997. In the meantime, the 2532 Paramedics, along with the other employees of the Paramedic Division, will remain civilian employees of the Fire Department.

Communications:

Work on a consolidated Fire and Health Dispatch Center at the Plant Building is progressing. Until the consolidated center is operational, the Fire Dispatch Center at Turk Street and the C-MED Dispatch Center will be linked through a hard wire computer connection. This will allow for the dispatch of health related calls without the delays or errors that could be produced by the use of telephones to transmit addresses and background information. Ultimately, the Fire, Health, and Police will have a consolidated 911 Center at the new building at Turk Street, and the Plant Building will be the hot back-up for the system.

Follow-Up Plans

Throughout the next phases of the EMS Reconfiguration Plan, the Health Department, especially the EMS agency, under the leadership of Dr. John Brown, will be monitoring the quality and timeliness of our services. As the management and control of the EMS system will remain with the Health Department, we would like to provide the Commission with periodic updates on the progress of our reconfigured system.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Sandra R. Hernández, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

/97

AGENDA

HEALTH COMMISSION MEETING

July 15, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF JULY 1, 1997**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) **CPHS-AIDS -** Contract renewal and sole source request with Glide Foundation in the amount of $67,440, to provide outreach services to residents of the Tenderloin, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Glide Foundation for services totaling $226,161 during FY 1996-97).

(3.2) **CHS-EPI. -** New contract and sole source request with the Regents of the University of California San Francisco, School of Medicine (UCSF), in the amount of $231,281, to develop a national strategic plan for Tuberculosis training and education, for the period of August 1, 1997 through December 31, 1998. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

(3.3) **DMS-CMHS** - Renewal Contract with California Pacific Medical Center, Department of Psychiatry, (CPMC) for Medi-Cal funded Psychiatric Inpatient Hospital Services ($4,000,000 for all six hospital providers) for the period July 1, 1997 through June 30, 1998. (DPH contracted with CPMC for services totaling $7,279,550 during FY 1996-97).

(3.4) **DMS-CMHS** - Renewal Contract with Ross Hospital for Medi-Cal funded psychiatric inpatient hospital services ($4,000,000 for all six hospital providers) and a Children's Program funded in the amount of $20,000 for adolescent acute psychiatric inpatient hospital services for the period July 1, 1997 through June 30, 1998. (DPH contracted with Ross for services totaling $20.000 during FY 1996-97).

(3.5) **DMS-CMHS** - Renewal Contract with Saint Francis Memorial Hospital in the amount of $196,498 to provide 24-hour psychiatric inpatient services to adult patients and for Medi-Cal funded acute psychiatric inpatient hospital services ($4,000,000 for all six hospital providers) for the period July 1, 1997 through June 30, 1998. (DPH contracted with St. Francis for services totaling $196,498 during FY 1996-97).

(3.6) **DMS-CMHS** - Renewal Contract with Saint Luke's Hospital for Adult Medi-Cal Funded Psychiatric Inpatient Hospital Services for the period July 1, 1997 through June 30, 1998. ($4,000,000 for all six hospital providers).

(3.7) **DMS-CMHS** - Renewal Contract with Saint Mary's Hospital and Medical Center (d.b.a. McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient partial hospitalization, transitional (outpatient) services and Medi-Cal funded adult psychiatric inpatient hospital services for the period July 1, 1997 through June 30, 1998. ($4,000,000 for all six hospital providers). (DPH contracted with St. Mary's for services totaling $1,045,368 during FY 1996-97).

(3.8) **DMS-CMHS** - Renewal Contract with Regents of the University of California San Francisco, Langley Porter Psychiatric Hospital (UCSF), in the amount of $200,000 to provide child and adolescent psychiatric inpatient hospital services, partial hospitalization and transitional services and Medi-Cal funded adult psychiatric inpatient hospital services ($4,000,000 for all six hospital providers) for the period July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

5) **PRESENTATION FROM THE PUBLIC UTILITIES COMMISSION ON THE TEN-YEAR CAPITAL IMPROVEMENT PROGRAM TO THE CITY'S WATER SYSTEM**

6) **CONSIDERATION OF A RESOLUTION ENDORSING THE ACTIVITIES AND DIRECTION OF THE BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENTAL ASSESSMENT TASK FORCE**

7) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
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Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Sandra R. Hernández, M.D.
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Executive Secretary

TEL: (415) 554-2666
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5/97

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, July 15, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 1, 1997

Action Taken: The Commission unanimously adopted the minutes of July 1, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) **CPHS-AIDS -** Contract renewal and sole source request with Glide Foundation in the amount of $67,440, to provide outreach services to residents of the Tenderloin, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Glide Foundation for services totaling $226,161 during FY 1996-97).

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Commissioner Sanchez abstained on this issue due to conflict of interest.

(3.3) **DMS-CMHS** - Renewal Contract with California Pacific Medical Center, Department of Psychiatry, (CPMC) for Medi-Cal funded Psychiatric Inpatient Hospital Services ($4,000,000 for all six hospital providers) for the period July 1, 1997 through June 30, 1998. (DPH contracted with CPMC for services totaling $7,279,550 during FY 1996-97).

Commissioner Monfredini abstained on this issue due to conflict of interest.

Sara Kelley, CPMC Director of Public Affairs, reported on behalf of CEO and President Martin Brotman, M.D., that CPMC is confident of being in compliance with the Board composition policy this calendar year.

Commissioner Sanchez requested a status report to the Budget Committee in 90 days (October 21, 1997).

(3.4) **DMS-CMHS** - Renewal Contract with Ross Hospital for Medi-Cal funded psychiatric inpatient hospital services ($4,000,000 for all six hospital providers) and a Children's Program funded in the amount of $20,000 for adolescent acute psychiatric inpatient hospital services for the period July 1, 1997 through June 30, 1998. (DPH contracted with Ross for services totaling $20.000 during FY 1996-97).

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(3.6) **DMS-CMHS** - Renewal Contract with Saint Luke's Hospital for Adult Medi-Cal Funded Psychiatric Inpatient Hospital Services for the period July 1, 1997 through June 30, 1998. ($4,000,000 for all six hospital providers).

Commissioner Monfredini requested the contractor to come back in 90 days (October 21, 1997) to the Budget Committee with a plan of action to address affirmative action compliance on the staff and Board.

Commissioner Barnes commented that it is unconscionable for this contractor not to have a diverse staff given their patient population. She also requested information on the process of selecting Board members.

(3.7) **DMS-CMHS** - Renewal Contract with Saint Mary's Hospital and Medical Center (d.b.a. McAuley Neuropsychiatric Institute) in the amount of $300,000 to provide adolescent inpatient partial hospitalization, transitional (outpatient) services and Medi-Cal funded adult psychiatric inpatient

hospital services for the period July 1, 1997 through June 30, 1998. ($4,000,000 for all six hospital providers). (DPH contracted with St. Mary's for services totaling $1,045,368 during FY 1996-97).

Wade Rose, Vice President of Catholic Healthcare West, reported that the diversity of the Board will continue to improve.

Commissioner Sanchez stressed that the application of the affirmative action policy is expected from community-based organizations as well as hospitals.

(3.8) **DMS-CMHS** - Renewal Contract with Regents of the University of California San Francisco, Langley Porter Psychiatric Hospital (UCSF), in the amount of $200,000 to provide child and adolescent psychiatric inpatient hospital services, partial hospitalization and transitional services and Medi-Cal funded adult psychiatric inpatient hospital services ($4,000,000 for all six hospital providers) for the period July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

Commissioner Sanchez abstained on this item due to conflict of interest.

The information given to the Commissioners is different from the explanation from the contractor. The Department will follow up with the correct information.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.
Commissioner Monfredini abstained on #3.3.
Commissioner Sanchez abstained on #3.2 and #3.8.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Sandra R. Hernández, M.D., Director of Health)

(This was given at the end of the meeting).

Commissioners, Members of the Executive Management Team, DPH Staff, Members of the Public and Interested Parties, as you know this is my final Commission meeting as the Director of Public Health. I wanted to take this opportunity to share with you some of my hopes and thoughts regarding the future of public health in San Francisco and the critical role that all of you have in continuing to achieve progress in realizing the mission of the Department.

The Department has unequivocally taken a strong leadership role in many important social policy issues that confront urban America. These initiatives include an ongoing commitment to inclusiveness that specifically works to keep the "invisible" populations at the table. Their feedback and input are, as you know, critical to continued improvement in the quality and quantity of life. As social policy seeks to divide communities based on race, ethnicity, economic class and/or immigration status, the Department must be ever more vigilant in assuring that we are doing all within our power on a day-to-day basis, as well as long-term advocacy and planning and to not allow any single population to become further isolated or disenfranchised.

The Healthcare environment continues its very rapid pace of change. The Department must similarly not lose the momentum that has been created to not only respond but to drive that reform in such a way as to assure community accountability, community participation and equality in the accessibility of all of our services. We must, as a community believe in the prospect of universal health coverage for San Francisco and the Country. We must confront the cynicism and overcome those who would prefer to continue the inadequate status quo. We must not fear choice and individual empowerment but actively work to assure choice, quality, and access for all. Given the size of our Department these transitions and the momentum for change will always be at risk of bureaucratic obstacles. As we think in the future of community accountability, we must do so with an eye on removing those barriers to decision-making, risk-taking and public service.

The newly created Public Health Division has perhaps its greatest challenge in designing a continuum of primary and secondary prevention programs and campaigns. This is, at its most basic, the strength of community public health service and we have all of the ingredients necessary to significantly reduce injury, prevent disease and maintain a state of physical and mental well-being for all those who live and work in our city. The Department's long-standing commitment to community involvement, including its partnerships with community-based organizations is one of the key components to the successes that we have had in meeting our mandate of service to the most vulnerable.

We have created a Community Health Network which has the potential, in its vast continuum of care, to truly become the finest health care delivery system in San Francisco and to becoming the provider of first choice for patients who have a choice about where to obtain their healthcare. It is important as the network aggressively competes for sponsored patients that it never lose sight of those most vulnerable patients, for whom there are few, if any other choices for personal healthcare in the City. Those patients include the working poor, the unemployed, the uninsured, frail elderly, undocumented immigrants, and the multiple-diagnosed as well as homeless patients. We must continue to strive as a Department to serve with the highest quality of care the most challenging and the most vulnerable among the patient populations.

I would urge all of you to actively seek mechanisms and structures that will allow us to serve families, neighborhoods, communities and individuals in as holistic manner as is possible. We must embrace the notion that the mind and body and spirit are all part of what constitutes each individuals unique strengths. We have over the years, begun to think about the integration of services within the community, as representing community empowerment. The Community Health Services Unit within Public Health is challenged with the phenomenal opportunity to improve the integration of mental health, substance abuse, physical health, maternal and child health for vulnerable populations. When we have achieved this for the homeless population we will have achieved it for everyone. We must be committed to critically evaluating both our successes and our failures, and to learn from the efforts which have been less successful and to have the courage to change, adapt and improve upon those wherever possible.

I have often thought about this Department's staff, its size, its talents as a small, but potentially very powerful Movement. We must continue to tap into the talents of each of its employees and to galvanize front line staff through the Executive Management team and structure into embracing the possibility of accomplishing our vision of a healthier community. The work of the Department of Public Health will perhaps never be entirely accomplished and yet if each individual would renew his or her commitment to personal service, we will continue to make ever greater strides toward maintaining the health of San Francisco.

I have been extremely honored and proud having had the opportunity to serve amongst so many committed and fine people. I am confident that this legacy will continue under the direction of this Commission and Mayor Willie Brown. I am extremely pleased to announce, in consultation with

Mayor Brown and the Health Commission, that Mitch Katz, M.D. will be serving as Interim Director of Health. Dr. Katz is both a colleague and a friend. He will, I am extremely confident, serve you and this Department ably in this role. There are few clinicians, leaders and administrators for whom I have as much respect as I do Dr. Katz. In our time working together he has shown himself as an able problem solver and a creative administrator. I will do my utmost to assure the smooth transition for Dr. Katz during this brief interim period.

Thank you again for your support.

Dr. Hernández thanked Sandy Mori, Executive Secretary to the Health Commission, and Paula Jessor, Deputy City Attorney, for their support.

On behalf of the Health Commission, President Chow presented Dr. Hernández with an engraved plaque in appreciation for her 13 years in the Department.

Each Commissioner individually thanked Dr. Hernández for her leadership and commitment to public health.

5) PRESENTATION FROM THE PUBLIC UTILITIES COMMISSION ON THE TEN-YEAR CAPITAL IMPROVEMENT PROGRAM TO THE CITY'S WATER SYSTEM

Mr. Steve Leonard, Planning Bureau of the Public Utilities Commission, presented the 10-Year Capital Improvement Program to upgrade the City's water system in order to keep its tap water among the nation's best.

The pipelines from Hetch Hetchy Reservoir cross over three earthquake fault lines. Besides providing retail water service to 770,000 San Francisco customers, PUC supplies wholesale water to 30 agencies in Alameda, Santa Clara and San Mateo Counties, which supply 1.6 million suburban customers who depend on the reliability of our water system.

Improvements include replacing pipelines that bring our water from the Yosemite Valley, reinforcing tunnels and trestles that support the water mains that are susceptible to breaking, and providing new roofs for our twelve reservoirs in the City. Upgrading wastewater systems to expand the use of recycled water and enhance fire fighting capabilities are also needed. There is also the continuing need to meet strict new standards set by the Federal Clean Water Act.

PUC emphasizes health and safety and service and is responsible for the City's water system in residential, commercial, and industrial areas.

Mr. Leonard referred the Commission and the public to the Public Affairs Department in the PUC for general information.

6) CONSIDERATION OF A RESOLUTION ENDORSING THE ACTIVITIES AND DIRECTION OF THE BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENTAL ASSESSMENT TASK FORCE

Action Taken: The Commission unanimously adopted Resolution #16-97, "Endorsing the Activities and Direction of the Bayview Hunters Point Health and Environmental Assessment Task Force," (Attachment A).

Dr. Hernández reported that Tangerine Brigham, Director of Policy and Planning, will provide strategic planning assistance to the Task Force.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-97

ENDORSING THE ACTIVITIES AND DIRECTION OF THE BAYVIEW HUNTERS POINT HEALTH AND ENVIRONMENTAL ASSESSMENT TASK FORCE

WHEREAS, the Department of Public Health and the Bayview Hunters Point Community have been collaborating for the past thirty months in the Bayview Hunters Point Health and Environmental Assessment Task Force; and,

WHEREAS, the collaboration has produced documentation of the disproportionate burden of certain toxic substances borne by the Bayview Hunters Point community; and,

WHEREAS, an analysis of cancer incidence data discovered statistically significant elevated instances of cervical cancer and of breast cancer among African American women under the age of 50; and,

WHEREAS, there is need for further documentation of health problems that might be associated with exposures to toxic substances; and,

WHEREAS, the Bayview Hunters Point Health and Environmental Assessment Project research has shown that Bayview Hunters Point has among the highest hospitalization rates in the State of California for the ambulatory care sensitive conditions of asthma, chronic obstructive pulmonary disease, hypertension, congestive heart failure, and diabetes mellitus; and,

WHEREAS the Bayview Hunters Point Health and Environmental Assessment Project research has shown that Bayview Hunters Point has among the highest age-adjusted rates of breast, cervical, lung, and prostate cancer for San Francisco neighborhoods; and,

WHEREAS, the Bayview Hunters Point Health and Environmental Assessment Project research has shown that compared to other San Francisco neighborhoods, Bayview Hunters Point has higher age-adjusted mortality rates for homicide, ischemic heart disease, lung cancer, breast cancer, and stroke; and,

WHEREAS, the Bayview Hunters Point Health and Environmental Assessment Task Force has expanded its collaboration with residents and community based organizations serving the general Bayview Hunters Point community; and,

WHEREAS, the Bayview Hunters Point Health and Environmental Assessment Task Force will continue to utilize a public health approach and perspective to assess health related needs and to develop a strategic planning process and plan that will ensure the systematic and continuous improvement in health and safety of all who reside, visit or work in the Bayview Hunters Point community; therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 16-97 (Cont'd.)

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby endorse the activities and development of a strategic plan to guide the Bayview Hunters Point Health and Environmental Assessment Task Force; and, be it

FURTHER RESOLVED, that the Health Commission will review and consider a prioritized work plan for the Bayview Hunters Point Health and Environmental Assessment Project not later than November 1, 1997 prior to the application or approval of any additional resources for the project, and, be it

FURTHER RESOLVED, that the Health Commission urges the Mayor and the Board of Supervisors to endorse the Task Force's activities and development of a strategic plan to guide the Health and Environmental Assessment Project in the Bayview Hunters Point community; and, be it further

RESOLVED, that the Health Commission of the City and County of San Francisco urges the Mayor and the Board of Supervisors to support the strategic efforts of the Department of Public Health to secure federal and other funds and assistance on behalf of the Bayview Hunters Point Health and Environmental Assessment Task Force to remediate preventable health problems and environmental hazards.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, July 15, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 2 of 2

Edward A. Chow, M.D.
President
Lee Ann Monfredini
Vice President
Debra A. Barnes
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
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Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health
Sandy Ouye Mori
Executive Secretary
Tel. (415) 554-2666
FAX (415) 554-2665

/97

AGENDA

HEALTH COMMISSION MEETING

August 5, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 15, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) **Central Administration** - Acceptance of Department of Public Health's Annual Gift Report for FY 1996-97.

(3.2) **Central Administration** - Consideration of a resolution approving settlement of unlitigated claim on behalf of the Department of Public Health by the State Department of Health Services against the Federal Health Care Financing Administration in the amount of $1,672,598.

(3.3) **Central Administration** - Request for approval of a resolution authorizing the Department of Public Health to accept and expend thirty-five recurring grants from the State of California.

(3.4) **Central Administration** - **AB75** - Request for approval to apply for, accept and expend retroactively a grant allocation in the amount of up to $9,179,584 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 1997-98.

(3.5) **PH-EMSA** - Combined request to approve the following: 1) apply for retroactively, and accept and expend a State EMS Authority grant in the amount of $54,000, and 2) approval of a contract modification with O'Rorke Public Relations in the amount of $37,000, for the period of June 24, 1997 through June 25, 1998, to create a public education campaign to promote the importance of prompt recognition of stroke symptoms and rapid access to care in San Francisco through use of the 911 EMS system.

(3.6) **PH-AIDS Office** - Request for approval to accept and expend a donation from Microsoft Corporation valued at $131,000, for software for the "Reggie Project".

(3.7) **PH-Disease Control** - Retroactive renewal contract with Regents of the University of California in San Francisco (UCSF), in the amount of $179,550, to provide physician and radiology services for the Tuberculosis (TB) Clinic at San Francisco General Hospital (SFGH), for the period of July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

(3.8) **PH-Disease Control** - Retroactive renewal contract with Mission Neighborhood Health Center (MNHC) in the amount of $75,164 for the provision if immunization services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with MNHC for services totaling $878,159 during FY 1996-97).

(3.9) **PH- Maternal, Child and Adolescent Health (MCAH)** - Request for sole source approval and a new contract with Polaris Research and Development (Polaris) in the amount of $123,000 to provide technical assistance, media, and outreach services for the Perinatal Outreach and Education Project for the period of certification through December 31, 1997. (DPH contracted with Polaris for services totaling $943,407 during FY 1996-97).

(3.10) **PH-MCAH** - Retroactive Renewal contract with C.A.H.E.E.D. Inc., in the amount of $174,000 for the provision of outreach, support and perinatal education as well as Afrocentric parenting classes to African American women and parents in the Bayview Hunters Point District for the period of July 1, 1997 through June 30, 1998. (DPH contracted with C.A.H.E.E.D. for services totaling $147,000 during FY 1996-97).

(3.11) **PH-Mental Health** - Request for approval of Provider Pool and Funding Level of $2,200,000 for FY 1997-98 for service for children enrolled in the Family Mosaic Project.

(3.12) **PH-Mental Health** - New contract with Westside Community Mental Health Center in the amount of $1,136,663 per year to implement a new Managed Care Program serving severely mentally ill adults for the period of July 1, 1997 through June 30, 1999. (DPH contracted with Westside for services totaling $9,080,198 during FY 1996-97).

(3.13) **PH-Mental Health** - Contract renewal with Mental Health Management I, Inc. D.B.A. Canyon Manor in the amount of $2,463,750 per year to provide subacute locked skilled nursing 24-hour services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Canyon Manor for services totaling $2,405,103 during FY 1996-97).

(3.14) **CHN-SFGH** - Request for sole source approval and a new contract with HA Software Services for the provision of administration and management of voice communications systems in the amount of $65,00 for the period of August 15, 1997 through August 31, 1998.

(3.15) Consideration of a resolution supporting the San Francisco Healthy Cities: CHIPPS Senior Prevention Collaborative Project.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **PRESENTATION OF THE 1996 ANNUAL SAN FRANCISCO GENERAL HOSPITAL FOUNDATION REPORT**

6) **CONSIDERATION TO APPROVE AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**

7) **PRESENTATION BY THE DEPUTY CITY ATTORNEY AND CONSIDERATION OF A RESOLUTION OPPOSING THE GLOBAL TOBACCO SETTLEMENT**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, August 5, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:
- Commissioner Debra A. Barnes
- Commissioner Edward A. Chow, M.D.
- Commissioner Roma P. Guy, M.S.W.
- Commissioner Ron Hill
- Commissioner Lee Ann Monfredini
- Commissioner Harrison Parker, Sr., D.D.S.
- Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 15, 1997

Action Taken: The Commission unanimously adopted the minutes of July 15, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) **Central Administration** - Acceptance of Department of Public Health's Annual Gift Report for FY 1996-97.

(3.2) **Central Administration** - Consideration of a resolution approving settlement of unlitigated claim on behalf of the Department of Public Health by the State Department of Health Services against the Federal Health Care Financing Administration in the amount of $1,672,598.

(3.3) **Central Administration -** Request for approval of a resolution authorizing the Department of Public Health to accept and expend thirty-five recurring grants from the State of California.

(3.4) **Central Administration - AB75 -** Request for approval to apply for, accept and expend retroactively a grant allocation in the amount of up to $9,179,584 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 1997-98.

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Commissioner Sanchez abstained on this item due to conflict of interest.

(3.8) **PH-Disease Control -** Retroactive renewal contract with Mission Neighborhood Health Center (MNHC) in the amount of $75,164 for the provision if immunization services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with MNHC for services totaling $878,159 during FY 1996-97).

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(3.11) **PH-Mental Health -** Request for approval of Provider Pool and Funding Level of $2,200,000 for FY 1997-98 for service for children enrolled in the Family Mosaic Project.

Commissioner Barnes observed that some of the listed providers are not credentialed. The Department will not use a provider who is not credentialed.

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(3.14) **CHN-SFGH** - Request for sole source approval and a new contract with HA Software Services for the provision of administration and management of voice communications systems in the amount of $65,000 for the period of August 15, 1997 through August 31, 1998.

(3.15) Consideration of a resolution supporting the San Francisco Healthy Cities: CHIPPS Senior Prevention Collaborative Project.

Action Taken: Commissioners adopted Resolution #17-97, "Supporting the San Francisco Healthy Cities: CHIPPS Senior Prevention Collaborative Project," (Attachment A).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Commiittee, with Commissioner Sanchez abstaining on #3.7.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

I would like to thank the Mayor and the Health Commission for providing me the opportunity to lead the Health Department during this interim period. Under the guidance of this Commission, the Department has set out an ambitious agenda, including substance treatment on demand, a plan for universal health care coverage, an assessment of the health of the Bayview Hunters Point neighborhood, an increase in immunization rates, and completion of our own internal organizational structuring.

Given this set of goals, we do not have the luxury to wait until there is a permanent Health Director for moving forward. The Executive Staff and I are committed to accomplishing this vital work. We recognize the importance of a team effort. As has been acknowledged by all, Dr. Hernández was a superb leader. We believe that the ultimate tribute to her leadership will be how well we will function as a team in her absence.

ADMINISTRATION

1997 Managerial Excellence Awards

I am pleased to announce the Department's five nominees for the 1997 Managerial Excellence Awards. These managers continue to excel leading the Department of Public Health through a time of great change in the health care field:

• Joe Goldenson, M.D.	Director, Forensic Services
• Nelly Lee	Supervisor, Budget Analysis and Fiscal Systems Unit, CHS
• Michael Reiter, Pharm.D.	Director for Authorization for the SF Mental Health Plan
• Dwight Starr	Director, SFGH Materials Mgmt. & Pharmaceutical Services
• Charles Stinson, M.D.	Chief of Psychiatry, Laguna Honda Hospital

Appointment of Budget Manager

Please help me welcome Anne Okubo as the Department's Budget Manager. Anne started her new position today replacing Sarah Ecker, who recently moved to Boston. Anne formerly served as budget manager for the Port of San Francisco and as senior financial analyst for the Airport. She also worked as a financial planning analyst for Kaiser Permanente. Ms. Okubo has a masters' degree in public policy from Harvard's John F. Kennedy School of Government. Anne has a keen interest in health policy and finance, and an extensive working knowledge of the City's budget and financial systems.

STATE

State Budget

At this point, the State does not have a FY 1997-98 budget. The Governor and legislative leaders reached a tentative compromise last week that is now in jeopardy due to subsequent actions by the Governor who made a $1.36 billion lump sum payment to the California Public Employee Retirement System (PERS). The payment, owed pursuant to a court settlement, could have been spread over a number of years.

This additional $1.36 billion expense in FY 1997-98 means that all budget increases proposed by the Governor and/or the Legislature's Budget Conference Committee are in jeopardy. The Department of Finance has determined that as a result of the PERS payment, only $196 million in reserve funding is available for increased expenditures. With proposed increases in funding of approximately $2 billion, there is a great deal of competition, and little chance that many programs will actually receive increases. The Budget Conference Committee is meeting this week to negotiate a new budget proposal. At-risk are the following health-related programs and increases, most of which were previously considered highly likely for funding:

Medi-Cal

- Extend Medi-Cal to more uninsured children by: (1) eliminating the assets waiver for children to qualify under the 100% and 133% federal poverty level programs (FPL), (2) increasing outreach for eligible but not enrolled children and (3) outstationing more eligibility workers.
- Accelerate the phase-in of Medi-Cal coverage for adolescents aged 14 through 18 into the 100% of FPL program.
- Continue funding of state-only prenatal care for undocumented immigrants.
- Continue funding of long-term care for undocumented immigrants.
- Continue funding of full-scope Medi-Cal for legal immigrants who arrived in the U.S. after August 22, 1996.

State Welfare Reform Proposals:

Although the Governor and legislative leaders had reached a compromise on welfare reform, it is unclear whether any of the agreements will move forward as stated above. Floor votes are expected on the compromise this week. The compromise includes the following provisions:

- Provides 18 months of "welfare-to-work" assistance, after which community service would be required; county option to extend to 24 months.

- Continues 4.9% TANF grant cut; COLA suspended for one year.

- Exempts parents with children under six months from participating in work requirements; counties may reduce to three months or extend to twelve months, depending on child-care availability.

- Requires TANF applicants to provide proof of their children's immunizations within 30 days of receiving their Medi-Cal card; recipients have 45 days to provide proof of immunizations; counties can extend time for good cause.

- After five-year maximum time limit, children will be provided child-only grants; parents will be ineligible for General Assistance (GA).

- No State buy-out of GA (Legislative Welfare Reform Conference Committee proposed 30% State share of GA costs), and no repeal of county obligation to GA (Governor's proposal).

- Explicit prohibition of aid for individuals convicted of a drug felony.

Other Health-Related Budget Issues:

- Reduce the DSH intergovernmental transfer for State rake-off by $75 million this year, which -- if eliminated -- would result in a $4.4 million loss for San Francisco.

- Continued funding for In-Home Supportive Services for legal immigrants who lose eligibility under welfare reform due to loss of SSI-linkage.

- $100 million state-only Food Stamp program for legal permanent residents who were in the U.S. as of August 22, 1996 and lost food stamp eligibility under federal welfare reform.

- Continued SSI for legal permanent residents who are not covered by the recent federal legislative proposals (i.e., those who were in the U.S. as of August 22, 1996, but become elderly after that date).

State Legislation

The Department is tracking over 100 Bills which could impact San Francisco. Many Bills will receive final committee hearings and floor votes this month, and will then be considered by the Governor. Others are two-year Bills, and will not be acted on until 1998. Several Bills have been introduced to address expansion of health care coverage. A joint Conference Committee on Access to Health Coverage Among Low-Income Californians was convened last month to consider these Bills. At their first meeting, committee members received testimony regarding topics including: the state of health insurance in California, reasons for lack of coverage and State and Federal options for extending coverage.

FEDERAL

Federal Budget

President Clinton is expected to sign the Balanced Budget Agreement this week. In general, the Bill is more favorable to San Francisco than earlier budget Bills that had been introduced and approved by the House and Senate. However, the Department is still adversely impacted by a number of the initiatives. Medicaid funding will be reduced as a result of DSH savings and repeal of the Boren Amendment. Potential funding allocations for the Child Health Initiative have not been determined. The Department will be working closely with the State Department of Health Services to determine how the State will use and distribute these funds.

Medicaid

Medicaid disproportionate share program (DSH) savings have been reduced to $10.4 billion over a five year period. State reductions will not be based on a formula -- the Bill simply provides the dollar amount of each state's DSH allocation over the next five years. California's DSH allocation will be $1.085 billion in federal fiscal year 1998 and $877 million in 2002.

In addition, the Bill phases out DSH funding for mental health facilities (California has never received DSH funding for these facilities). As a result, DSH funding previously allocated to mental health facilities will now be available for acute care institutions. This is Congress' attempt to more appropriately target DSH payments.

The Bill also includes:

- Repeal of the Boren amendment which provides for reasonable hospital reimbursement ($1.2 billion in savings) -- this provision could reduce Laguna Honda's Medi-Cal funding by $18 million to $54 million annually.

- Phase-out of cost-based reimbursement for federally qualified health centers and elimination of FQHC look-alike status for provider-based FQHCs -- this will impact the Department's 14 FQHC sites as well as the 10 other community-based FQHCs under the San Francisco Community Clinic Consortium.

- State flexibility to implement mandatory managed care without a 1915(b) waiver -- California's managed care programs are currently under 1915(b) waivers. In the future, the State can continue its managed care programs or develop new ones by amending its Medi-Cal state plan and not submitting a waiver.

- State option to provide 12-month continuous Medicaid eligibility for children -- to reduce the number of uninsured children.

Medicare

No structural reforms are being proposed for Medicare. Instead, the Bill outlines $115 billion in savings over the next five years; the savings are primarily through reducing provider payments. The Bill establishes a new prospective payment system for skilled nursing facilities, home health, hospital outpatient, rehabilitation facilities and ambulance services. The Bill also establishes "Medicare Choice" which expands managed care for Medicare recipients. Medicare DSH payments are reduced by 1% in 1998 with progressive reductions to a 5% reduction by 2002.

Children's Health
The Bill allocates $24 billion for the child health initiative. States would be provided grants to increase the number of insured children. For the next five years, a State's allocation will be based on the number of uninsured children in the state.

States have the option to: (1) expand Medicaid coverage, (2) enroll kids in health plans under private health insurers, (3) directly provide health services or (4) combination of the above. The Bill does provide a benchmark of a benefits package that would be acceptable under this initiative.

State's will work to amend their Medicaid plans -- outlining how they will expand coverage. Funding for this initiative is available October 1, 1997. Unfortunately, the federal regulations which will define the parameters of this initiative will not be available by the time states are required to submit plans to receive the funding.

Welfare Reform
Under the Bill, virtually all legal immigrants who were residing in the United States before August 22, 1996 and receiving Social Security income (SSI) will continue to receive SSI (and therefore Medicaid). In addition, the Bill provides for prospectively SSI eligibility for legal immigrants who were in the U.S. as of August 22, 1996 and who subsequently need SSI in the future.

There is continued restriction of eligibility for legal immigrants who enter the U.S. after August 22, 1996.

Other components are:

- provides $25 million annually over the next four years to 12 states with a high number of undocumented residents to pay for emergency services to this population,

- extends the exemption period for refugees and asylees receiving benefits from 5 to 7 years, and

- restores Medicaid coverage for children losing SSI under the Welfare Reform Act.

Sustainability Plan for San Francisco
On July 21, 1997 the Board of Supervisors approved a resolution endorsing the Sustainability Plan for San Francisco. The City's new Department of the Environment will be responsible for overseeing the implementation of the Plan. The Plan was developed as a collaborative led by the San Francisco Commission on the Environment and the community-based organization Sustainable San Francisco.

The Plan identifies goals, objectives and actions in areas ranging from air quality to human health to economic development. The final document was modified to reflect the comments and suggestions of the Health Commission. As a result, the Human Health section of the Plan takes into consideration national Healthy People 2000 goals as well as specific health characteristics of San Francisco's population.

The Board adopted the Plan's concept of sustainability as an underlying goal for all City agencies. The Plan outlines non-binding guidelines which City Departments are encouraged but not required to achieve. The Plan does recommend specific actions for both the public and private sectors to implement.

The Department of the Environment, in conjunction with Sustainable San Francisco, has already begun the process of implementing selected aspects of the Plan. Implementation of the Plan requires involvement from City agencies, businesses, residents and other private entities. Currently, stakeholders in the private sector are being sought to endorse various objectives in the Plan. The Department of Public Health will continue to work with the Department of the Environment and Sustainable San Francisco to support the development of health-related activities under the Plan.

PUBLIC HEALTH

Postexposure Prophylaxis for Exposures to HIV

On July 24 and 25 I attended a meeting at the Centers for Disease Control and Prevention (CDC) on the subject of postexposure prophylaxis for sexual and injection drug use exposures to HIV.

Postexposure prophylaxis refers to the use of antiretroviral drugs such as zidovudine (AZT) after an exposure to HIV. While it is currently the standard of care for health care workers who sustain a needle stick, its use following sexual exposure or exposure through injection drug use is more controversial.

At the meeting, many scientists and prevention advocates cautioned the CDC against issuing recommendations in favor of postexposure treatment. The most serious concerns are that the efficacy of postexposure treatment is unproven and that it will undermine existing primary prevention efforts. Despite this note of caution, most (but not all) scientists and advocates believe that postexposure treatment should be offered to individuals in appropriate settings.

As the Commission is aware, San Francisco has taken the lead nationally on developing a model of offering postexposure treatment. A team of epidemiologists, physicians, and prevention experts from the Health Department and the University of California, San Francisco have been designing the treatment protocols. We have successfully raised $270,000 of private funds to support the project and have submitted an application for funding to the National Institute of Health. A community advisory board has been established and several meetings with prevention providers have been held. This project would provide service to exposed individuals while also allowing us to collect the needed data on the consequences of postexposure treatment.

At the CDC meeting, several activists and community leaders commented that the meeting was reminiscent of the early days of the HIV epidemic in two ways: much was unknown and San Francisco was setting the national standard.

Professional Training

San Francisco State University has been awarded a prestigious grant from the Fund for the Improvement of Post-Secondary Education (FIPSE) based on a proposal to formalize a collaboration with the San Francisco Department of Public Health. The project envisions a Masters in Public Health curriculum using DPH: facilities for seminars, programs for research and internships and staff as adjunct faculty. In return, San Francisco State faculty will participate in key public health initiatives under the auspices of the Department, and students will serve their internships in settings that promote program goals. The intent of this collaboration is to dissolve the boundaries between professional training and public health practice. Similar to the ways in which the affiliation agreement has improved the quality of medical practice by enriching it with research and teaching, we hope that our public health practice can be improved by affiliation with research and teaching that will help keep us current on recent developments in public health. We look forward to the development of this partnership with San Francisco State University.

Medical Waste Program Brochure

The Bureau of Environmental Health Management, Medical Waste Program created a brochure entitled, "A Guide to Help Keep Our Community Free of Needles and Bloody Items". The brochure provides specific information on how to safely handle, contain, and dispose of needles and syringes. Additionally, it provides information on how to clean-up blood and body fluids. Listed inside the brochure are locations where people can take needles and syringes for proper disposal.

The brochure was created in response to expressed concern about handling needles found in the community. The Medical Waste Program is committed to building a partnership with the residents of San Francisco to keep the community free of needles and bloody items.

Voluntary Cleanup Program

The Bureau of Environmental Health has initiated a pilot-program under the authority of Senate Bill 1248 for the clean-up of contaminated sites within the City. Specifically, the legislation allows the local environmental health agency to enter into a written agreement for the supervision of the cleanup of simple waste releases with a responsible party. This will shorten the cleanup process by allowing property owners, local, and state agencies to enter into voluntary cleanup programs rather than having prior approval of projects by the Department of Toxics Substance Control (DTSC - State). The Voluntary Cleanup Program , cannot supervise sites that involve complex hazardous substances or hazardous waste releases or those subject to specific permitting or abatement orders.

HEPA Vacuum Campaign in Bernal Heights

A project promoting use of a high-efficiency (HEPA) vacuum for lead dust cleanup was carried out in Bernal Heights and the Outer Mission by the DPH Childhood Lead Prevention Program and the Bernal Housing Corporation from June 17-28, 1997. The project reached 31 families with children affected by lead poisoning or with children under six years of age. Many parents reported that not only was the dust removed from the walls, floors and other surfaces, but the air in the house appeared cleaner.

Recreation and Park Collaboration

The Childhood Lead Prevention Program made arrangements with KQED TV Community Education Coordinator, Kathleen Acord, to provide 30 City Recreation and Park centers with Sesame Street "Lead Away " lead prevention kits. Each kit contains a lead poisoning prevention video, 10 bilingual family booklets and a parent education tape in English and in Spanish. The 30 videos will reach over 3,345 children attending programs in 30 city parks, as well as many of their parents and teachers.

Wrap-up on the Childhood Lead Prevention Program's Public Awareness Campaign

The three month public awareness campaign to consumers of construction products, property owners, contractors , construction workers and hardware stores has been completed. The goal of the campaign was to educate consumers about lead-safe methods, so that they in turn would use and demand safe construction work methods. Our campaign used direct mailings to contractors and rental property owners, multiple media outputs, street signs, distribution of literature, phone assistance to the public, trainings for hardware stores employees.

New Mandates and Outreach to Home Improvement Stores

The Childhood Lead Prevention Program, SLUG and Bernal Housing Corporation distributed trilingual lead hazard warning signs and pamphlets to 173 San Francisco hardware stores in June 1997. A new San Francisco law, (Section 1610.1, Articles 26, San Francisco Health Code) requires retailers to educate their customers about lead hazards by posting the DPH warning sign and by distributing educational material to their customers. We provided each store with a supply of the DBI brochure, *Lead Paint Hazards In Construction Projects*. Twelve hardware stores volunteered to use our pads of "Post-It" stickers. These stickers contain basic facts about lead-safe practices and can be attached to the tops of paint cans and other supplies at the time of sale.

South of Market Clinic New Site

The South of Market Clinic relocated to its new site at 760 Harrison Street July 21. Ongoing meetings between Mental Health staff and the community will continue to respond to concerns as they arise. Staff are committed to being good neighbors and to being a resource for the community.

Moldy Sandwiches Problem Being Addressed

The Bureau of Environmental Health Management received a complaint July 23, 1997 from the Mayor's Summer Lunch Program Coordinator regarding moldy and green bologna sandwiches at three lunch sites. Inspectors were immediately dispatched to inspect all sites and to take action where necessary.

A joint meeting was held yesterday between BEHM, SFUSD officials and the Mayor's Summer Lunch Program Coordinator to emphasize the need to provide wholesome foods at all times to students and to take necessary action to prevent future occurrences. Inspectors were dispatched at 8:00 a.m. today to inspect, sample and to abate any violations at Denman, Marina Middle, Roosevelt Middle, Galileo, McAteer High and Potrero Middle Schools. The Department will remain vigilant on ensuring healthful lunches.

The Breast Cancer Oral History Project

The Breast Cancer Oral History Project, an organization that has carried out extensive work in low income communities, including Bayview Hunters Point, has completed its process of developing a multilingual book and a mural about the experiences of medically underserved women with breast cancer. The mural itself is a powerful guide aimed at breaking the silence of breast cancer among women of color. It also questions environmental factors that may play a detrimental role in our lives. Viewing requests for the mural have come from various organizations locally, nationally and as far away as India and Zimbabwe.

Art to Please the Heart

I am pleased to announce that Tom Waddell Health Center and Homeless Programs are sponsoring a summer arts and crafts show to showcase the artistic skills of many of the Center's clients. The show, called "Art to Please the Heart", runs today and tomorrow from 10 am to 5 p.m. at the Friends (Quakers) Meeting House at 65 - Ninth Street. Client artwork will be on sale to the public during this time. All proceeds from the sale of arts and crafts will go directly to the artists. This is a worthy endeavor and I invite the support of all.

COMMUNITY HEALTH NETWORK

SFGH Ranked Number 1 Hospital in the United States for AIDS Care

Last month in its "America's Best Hospitals Guide", *U.S. News and World Report* ranked San Francisco General Hospital as the Number 1 AIDS hospital in America. This is the 7th consecutive year the hospital has earned this honor. The staff at San Francisco General Hospital should be commended for the longevity of their success.

AB 1040 Task Force Update

The AB 1040 Task Force planning is well underway. All five design teams have been appointed and have met. The teams are:

- Service Delivery
- Resource Allocation and Financing
- Scope of Services
- Supportive Housing
- Consumer Issues

The submission target date to the State is November. Five public forums are planned to receive public input to the initial planning process. Additional public forums will be scheduled once draft documents are completed.

Emergency Resolution To Expedite Construction of Radiology Plant Modifications
On July 21, the Board of Supervisors approved an emergency declaration authorizing the Director of Public Works to expedite the construction of Radiology plant modifications. The Department had budgeted $10 million in prior fiscal years to update the radiology equipment and plant. Radiology has experienced numerous equipment failures which have threatened the life and safety of the patients at SFGH. The Director of Public Works proposed, and Dr. Hernández agreed to present an emergency declaration to the Board of Supervisors so that the project would be completed in the most expeditious manner. This declaration has allowed the Director of Public Works to abbreviate the construction bidding and selection time frames.

Mural Dedication and Reception
Laguna Honda Hospital and Creativity Explored of San Francisco are pleased to announce the 6th Floor Recreation Alcove mural completion. A dedication and reception was held July 25 . This mural was painted by residents and members of Creativity Explored.

Potrero Hill Jobs and Health Fair
The second Potrero Hill Jobs and Health Fair, was held July 19 at the Potrero Hill Health Center. The Fair was organized by Health Center staff, in collaboration with many local agencies, including Potrero Hill Neighborhood House, Potrero Hill Family Support Center/EOC, American Red Cross Bay Area Family Community Partnership, SF Neighborhood Safety Partnership, SF Housing Authority and Young Community Developers. The Fair attracted 500 people and featured health information, job applications, community agency information, and free food, drink and entertainment.

Laguna Honda Medical Staff
On behalf of the governing body, medical staff applications for the following Laguna Honda medical staff have been signed:

- Daniel L. Maison, M.D., who will provide as needed night and weekend coverage
- Sharon Myerly, D.P.M., who will provide consultant podiatric services
- Robert Halvorsen, M.D., who will provide consultant radiology services

Diversion Statistics
The Critical Care diversion for the period July 1-31, 1997 was 23 hours and 40 minutes or 3.2%. The Emergency Department diverted for 22 hours and 0 minutes or 3%.

5) PRESENTATION OF THE 1996 ANNUAL SAN FRANCISCO GENERAL HOSPITAL FOUNDATION REPORT

Cindy Doubleday, President of the SFGH Foundation Board of Directors, presented the 1996 Annual Report, highlighting the funds allocated to the areas of trauma, pediatrics, AIDS/HIV care, and youth violence prevention.

Commissioner Barnes acknowledged the work of Mera Granberg, Executive Director of the SFGH Foundation. Commissioner Barnes also recognized the importance of private foundation funding for public hospital programs.

Commissioners Monfredini and Sanchez thanked the Foundation for its excellent fund raising work.

6) CONSIDERATION TO APPROVE AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS

Dr. Robert Mackersie, Chief of Medical Staff, presented the proposed amendments to the Bylaws. These amendments would accomplish the following:

1. Move the Committee structure, with the exception of the Medical Executive, Nominating, and Joint Conference Committees, to a separate document that pertains to the Medical Staff's Committee structure. The functions and responsibilities of the Medical Records Committee, Tissue Committee, and Transfusion Committee have been incorporated into the Quality and Utilization Management Committee. The Laboratory Advisory Committee and the Invasive Procedures Committee have been eliminated. These changes are consistent with JCAHO recommendations that the number of Medical Staff Committees be reduced, and have been made in consultation with the appropriate Chief of Service and/or Committee Chairs.

2. Add a new staff category, Courtesy Without Privileges. This will allow providers who would otherwise qualify (credentialswise) for active/courtesy membership, but who will not be admitting and treating patients at SFGH to become members of the SFGH Medical Staff and participate in managed care plans.

3. Move the credentialing and affiliate staff procedures to a separate document entitled "Credentialing Procedures".

4. Move the corrective action and hearing procedures to a separate document entitled "Corrective Action/Fair Hearing Rules".

5. Move the Rules and Regulations to a separate document entitled "Rules and Regulations".

6. Streamline the revision process by providing for Ballot Vote revisions to the Bylaws rather than voting at the Annual Meetings, and Medical Executive Committee approval of the other documents, all of which are subject to approval by the Governing Body.

Dr. Mackersie reported that these amendments were approved at the annual Medical Staff dinner in June.

Action Taken: The Commission unanimously approved the amendments to the SFGH Medical Staff Bylaws.

Dr. Mackersie acknowledged the new Chief of Medicine, Dr. Talmadge King, Jr. and introduced Wendy Paye, new Director of Medical Staff Services.

7) PRESENTATION BY THE CITY ATTORNEY AND CONSIDERATION OF A RESOLUTION OPPOSING THE GLOBAL TOBACCO SETTLEMENT

City Attorney Louise Renne gave an overview of the three Federal and State Court lawsuits that the City and County of San Francisco has filed. She expressed to the Commission her concerns on the proposed global tobacco settlement at the Federal level. Her concerns are related to health considerations, legal enforcement, and financial issues. She strongly urged the Commission to support the resolution opposing the proposed settlement of lawsuits initiated by States Attorneys General against tobacco companies.

Alyonik Hrushow, Tobacco Project Coordinator, presented the following public health reasons for not supporting the proposed global settlement:

1. The proposed settlement would limit the Food and Drug Administration's ability to regulate tobacco.
2. The advertising, marketing and youth access restrictions are inadequate.
3. The environmental tobacco smoke provisions would remove the ability of OSHA to implement many of the proposed regulations currently under review.
4. Provisions to hold the industry accountable for not implementing measures to reduce youth smoking are inadequate.
5. The proposed settlement would most likely intensify the tobacco industries' international trafficking in the Third World and Eastern Europe.
6. The settlement would remove the international public health community's strongest weapon against the tobacco industry, the filing of lawsuits in the U.S. tort system.

Action Taken: The Commission unanimously adopted resolution #18-97, "Opposing the Current Proposal to Settle Lawsuits Against the Tobacco Companies Presented to Congress and President Bill Clinton," Attachment B.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 17-97

RESOLUTION SUPPORTING THE SAN FRANCISCO HEALTHY CITIES: CHIPPS SENIOR PREVENTION COLLABORATIVE PROJECT

WHEREAS, the City and County of San Francisco was officially designated as a California Healthy City on December 1, 1993; and,

WHEREAS, previous Healthy Cities projects, including the Tenderloin Immunization Project, the Mission Immunization Project, and the Tenderloin Pedestrian Safety Project, have been completed; and,

WHEREAS, ongoing public, private, and non-profit collaborative planning efforts have been dedicated to improving community outreach and education regarding the importance of preventing injury to seniors; and,

WHEREAS, the Department of Public Health is developing an application to renew its Healthy City designation by expanding the CHIPPS project's multi-sectoral community organizing efforts as a model for injury prevention; and,

WHEREAS, the San Francisco Commission on the Aging, under the new San Francisco Senior Services plan, has funded the first four of ten planned Senior Centrals to provide for public and private collaboration to plan and coordinate culturally and liguistically appropriate senior services at the neighborhood level throughout San Francisco; and,

WHEREAS, the Department of Public Health, the Commission on the Aging, and the four Senior Centrals are committed to integrating injury prevention education and service delivery into the collaborative community organizing effort; and,

WHEREAS, the intent of the Healthy City focus for San Francisco is to develop and implement culturally and linguistically appropriate health promotion strategies and explore creative avenues for community involvement and leadership to enhance the community's capacity to address injury prevention needs; and,

WHEREAS, the mission of the California Healthy Cities Project is to improve the health status of California residents by increasing the use of the Healthy Cities model for the promotion of health by local leaders, professionals, and residents within communities throughout the State; and,

WHEREAS, the Health Commission has expressed consistent support for the Healthy Cities concept, and supports Department efforts to continuously improve the public's health; now, therefore, be it

RESOLVED, that the Health Commission supports the application by the Department of Public Health to the California Healthy Cities Project for renewal of San Francisco's designation as a California Healthy City, through its development of the Healthy Cities: Chipps Senior Injury Prevention Collaborative Project.

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-97

OPPOSING THE CURRENT PROPOSAL TO SETTLE LAWSUITS AGAINST THE TOBACCO COMPANIES PRESENTED TO CONGRESS AND PRESIDENT BILL CLINTON

WHEREAS, representatives of the tobacco companies and forty State Attorneys General who have sued the tobacco companies have proposed legislation that would settle many of the pending lawsuits against the tobacco companies; and,

WHEREAS, the proposed legislation is currently under consideration by the Congress and President Clinton; and,

WHEREAS, the City and County of San Francisco currently has three lawsuits pending against the tobacco companies, one of which is scheduled for trial in December of this year; and,

WHEREAS, the proposed legislation would settle the City's three lawsuits legislatively; and,

WHEREAS, the proposed legislation insufficiently protects the interests of the City of San Francisco and its residents; and,

WHEREAS, as currently drafted, the proposed legislation does not adequately address significant public health concerns relating to the control of tobacco; and,

WHEREAS, the proposed legislation insufficiently guarantees that the tobacco companies will not target young people to smoke; and,

WHEREAS, the proposed legislation undermines the authority of the Food and Drug Administration (FDA) to regulate and control nicotine in cigarettes; and,

WHEREAS, the proposed legislation could preempt certain existing State consumer protection statutes and other legislation under which enforcement actions can be brought against the tobacco companies in the State of California; and,

WHEREAS, the proposed legislation ignores the global impact of tobacco use; and,

WHEREAS, the proposed legislation does not ensure that all relevant documents of the tobacco companies are timely disclosed; and,

WHEREAS, the San Francisco Board of Supervisors has been a leading voice in the tobacco control movement; now, therefore, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 18-97 (Cont'd.)

RESOLVED, the Health Commission hereby urges the Board of Supervisors to oppose the current proposal to settle lawsuits against the tobacco companies presented to Congress and President Clinton.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, August 5, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 2 of 2

Edward A. Chow, M.D.
President
Lee Ann Monfredini
Vice President
Debra A. Barnes
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
FAX: (415) 554-2665

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AGENDA

HEALTH COMMISSION MEETING

August 19, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 5, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) **PH-Disease Control -** Request for approval to accept and expend a grant in the amount of $170,024 from the Western Consortium for Public Health for the period of October 1, 1997 through September 30, 1998, to provide acute hepatitis surveillance.

(3.2) **PH-Tobacco Free Project** - Request for retroactive approval of seven contract modifications with a total amount of $810,553, to provide comprehensive tobacco control services, for the period of July 1, 1997 through June 30, 1998, as follows:

1. SF Study Center - $469,247. (DPH contracted with Study Center for services totaling $2,009,134 during FY 1996-97).
2. Chinese Progressive Association - $44,000. (DPH contracted with CPA for services totaling $99,000 during FY 1996-97).

3. Columbia Park Boys and Girls Club - $50,000. (DPH contracted with CPBGC for services totaling $68,000 during FY 1996-97).
4. Polaris Research and Development, Inc. - $50,000. (DPH contracted Polaris for services totaling $943,407 during FY 1996-96).
5. Polaris Research and Development, Inc. - $77,306. (DPH contracted Polaris for services totaling $943,407 during FY 1996-96).
6. O'Rorke Public Relations and Advertising - $70,000. (DPH contracted with O'Rorke for services totaling $257,400 during FY 1996-97).
7. American Lung Association of San Francisco and San Mateo Counties - $50,000. (DPH contracted with ALA for services totaling $209,997 during FY 1996-97).

(3.3) **PH-AIDS Office -** Request for approval to accept a Joint Software Development and Licensing Agreement between the AIDS Office "Reggie Project", Department of Public Health and the San Francisco AIDS Foundation.

(3.4) **PH-AIDS Office -** Request for retroactive approval of contract renewal with Shanti Project, in the amount of $72,880, for van transportation services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Shanti for services totaling $876,263 during FY 96-97).

(3.5) **PH-Environmental Health -** Request to amend Hazardous Materials Unified Program Ordinance consistent with State Health and Safety Code to mandate a single inspection, to consolidate billing and fee system, and to modify the fee structure.

(3.6) **PH-Environmental Health -** Request for retroactive approval of third modification to the contract with the Public Health Institute (PHI) in the amount of $157,783 for the analysis of data and primary prevention activities for the Childhood Lead Prevention Program for the period of July 1, 1997 through June 30, 1998. Total amount of contract, including this modification, is $322,783 for the period of March 1, 1995 through June 30, 1998. (DPH contracted with PHI for services totaling $116,000 during FY 1996-97).

(3.7) **PH-Mental Health -** Request for retroactive approval of contract renewal with Instituto Familiar de la Raza, Inc. (Instituto), in the amount of $2,036,755 per year, to provide outpatient mental health services to the Latino community, severely emotionally disturbed (SED) children and their families, and to serve as a fiscal intermediary for the Family Mosaic Program for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Instituto for services totaling $2,700,488 during FY 1996-97).

(3.8) **CHN-Homeless -** Request for retroactive approval of contract renewal with Community Housing Partnership (CHP) as fiscal agent for Caduceus Outreach Services (COR) for $95,480 per year, to provide recruitment and training to pro-bono psychiatrists and a sole source request and new contract with Community Housing Partnership for $68,750 per year, to provide support services to the homeless for a total amount of $164,230 per year, for the period of July 1, 1997 through June 30, 1999. (DPH contracted with CHP for services totaling $95,480 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **OTHER BUSINESS/PUBLIC COMMENTS***

6) **DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.8(3) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:**

A. Possible closed session held pursuant to Brown Act Section 54956.9, and Sunshine Ordinance Section 67.11:

1) Consideration of the Jeff Calhoun v. CCSF settlement in the amount of $10,000.

2) Consideration of the Merkel et al v. CCSF settlement in the amount of $10,500.

B. Discussion and vote pursuant to Brown Act Section 54956.9, and Sunshine Ordinance Section 67.14 on whether to disclose action taken or discussions held in closed session.

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President
Lee Ann Monfredini
Vice President
Debra A. Barnes
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health
Sandy Ouye Mori
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ADDENDUM TO AGENDA

OF

HEALTH COMMISSION MEETING

Tuesday, August 19, 1997
3:00 p.m.
at
Department of Public Health
101 Grove Street, Room #300
San Francisco, CA 94102

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7) CONSIDERATION OF A WAIVER FOR THE CHIEF OF MEDICAL SERVICE IN ORDER TO SERVE THE BEST INTERESTS OF THE PATIENTS AND SAN FRANCISCO GENERAL HOSPITAL.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr.; D.D.S.
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David J. Sanchez, Jr., Ph.D.
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, August 19, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 5, 1997

Action Taken: The Commission unanimously adopted the minutes of August 5, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

Note: Commissioner Parker attended the Budget Committee meeting.

(3.1) **PH-Disease Control -** Request for approval to accept and expend a grant in the amount of $170,024 from the Western Consortium for Public Health for the period of October 1, 1997 through September 30, 1998, to provide acute hepatitis surveillance.

(3.2) **PH-Tobacco Free Project -** Request for retroactive approval of seven contract modifications with a total amount of $810,553, to provide comprehensive tobacco control services, for the period of July 1, 1997 through June 30, 1998, as follows:

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(3.5) **PH-Environmental Health -** Request to amend Hazardous Materials Unified Program Ordinance consistent with State Health and Safety Code to mandate a single inspection, to consolidate billing and fee system, and to modify the fee structure.

Commissioner Parker suggested all business be encouraged to receive an orientation on these regulations.

Commissioner Sanchez encouraged the Department to relook at these new fees in 6 months and receive feedback from the business community.

Commissioner Barnes reviewed the reasons for increased/decreased fees.

Commissioner Parker noted that the fees are determined by specific criteria and are not arbitrarily determined.

(3.6) **PH-Environmental Health -** Request for retroactive approval of third modification to the contract with the Public Health Institute (PHI) in the amount of $157,783 for the analysis of data and primary prevention activities for the Childhood Lead Prevention Program for the period of July 1, 1997 through June 30, 1998. Total amount of contract, including this modification, is $322,783 for the period of March 1, 1995 through June 30, 1998. (DPH contracted with PHI for services totaling $116,000 during FY 1996-97).

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Commissioner Barnes requested a copy of Exhibit A.

Commissioner Sanchez commended the contractor for its excellent work.

(3.8) **CHN-Homeless -** Request for retroactive approval of contract renewal with Community Housing Partnership (CHP) as fiscal agent for Caduceus Outreach Services (COR) for $95,480 per year, to provide recruitment and training to pro-bono psychiatrists and a sole source request and new contract with Community Housing Partnership for $68,750 per year, to provide support services to the homeless for a total amount of $164,230 per year, for the period of July 1, 1997 through June 30, 1999. (DPH contracted with CHP for services totaling $95,480 during FY 1996-97).

Commissioner Monfredini requested a progress report back to the Commission in 90 days regarding Board compliance.

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget.

Commissioner Guy raised a process issue, pointing out that the Commission is approving a retroactive contract prior to a required progress report on program issues being submitted to the Department.

Commissioner Monfredini stated that the number of retroactive contracts has noticeably decreased. The Budget Committee will follow up on the progress report on program issues; and, if necessary, the Budget Committee will bring an update on the contract back to the Budget Committee.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Medicaid Waiver

I am pleased to report that the State Department of Health Services supports the City and County's concept paper for a federal Medicaid demonstration project (1115 Waiver). Earlier this month, the State suggested that the City and County initiate the development of a waiver proposal. The State did not provide the City with a time frame for completing the waiver proposal. You may recall, that it was back in December 1995 that the City first expressed its interest in developing a 1115 Waiver as a result of the State's pursuit of an 1115 Waiver for Los Angeles County.

As you know, under Section 1115 of the Federal Social Security Act, States may carry out a broad range of Medicaid research and demonstration projects. Federal eligibility rules, minimum benefit requirements, freedom of choice, provider reimbursement rules may be waived. States have used 1115 Waivers to curb the growth of Medicaid expenditures and/or expand Medicaid coverage to more low-income persons.

The State's letter does not mean that San Francisco has secured a 1115 Waiver -- such waivers can only be approved by the Federal Health Care Financing Administration. The State will submit the waiver proposal on behalf of the County. In addition, development of an 1115 Waiver is a detailed and complex process -- a planning structure will be needed. Other jurisdictions which have pursued waivers have taken anywhere from 1 to 2 years to plan, develop and implement their projects.

There are a number of planning initiatives which the City and County has underway -- Medi-Cal managed care, long-term care planning and universal health care coverage. The City will need to determine how to integrate planning efforts into the rubric of an 1115 Waiver.

State Budget
Last night the Governor signed the State's 1997-98 spending plan. As expected, the Governor vetoed budget language which would have re-enacted the State funded prenatal care program for undocumented women. The Governor did, however, maintain funding for prenatal care services until October 1, 1997 -- the scheduled termination of the program. The Governor also vetoed the Legislature's proposal to shift $30 million in funding from the prenatal program to various indigent health care programs.

In addition, the Legislature approved approximately thirty (30) trailer bills containing statutory changes necessary to implement the budget. The Governor is in the process of reviewing these trailer bills -- it is expected that some of these are likely to be vetoed.

- The following health-related items were approved by the Governor:

- $75 million reduction in the intergovernmental transfer for State administrative costs in the Disproportionate Share Hospitals, expected to result in $1.9 in additional revenues to San Francisco General Hospital.

- $40 million for substance abuse and mental health treatment services for CalWORKS (the State's version of the federal Temporary Assistance for Needy Families program) recipients.

- Three-year State-funded food stamp program for legal permanent resident children under age 18 and seniors 65 and older, if they were in the U.S. before August 22, 1996.

The Governor vetoed a number of Legislative initiatives designed to continue services for residents impacted by the federal Welfare Reform Act. The Governor objected to an $8 million augmentation to continue Social Security Income/State Supplemental Payment (SSI/SSP) benefits to disabled children who became ineligible for SSI due to the Welfare Reform Act. The Governor stated that he saw no "compelling argument" for continuing to provide benefits for children with maladaptive behaviors. In addition, the Governor vetoed the Legislature's proposal to create a State assistance program (cash grants) for legal immigrants who arrived in the State after August 22, 1996 -- the signing of the federal Welfare Reform Act.

The Governor's veto message does not address the following issues:

- continued full-scope Medi-Cal eligibility for legal permanent residents who arrived in the U.S. after August 22, 1996,
- continued funding for community mental health services for undocumented residents, and
- continued long-term care services for undocumented persons currently residing in long-term care facilities. A court order requires new applicants (including undocumented residents) to continue receiving long-term care services. The State is appealing this Court order.

Therefore, there is the possibility that these services may be continued. We will keep the Health Commission apprised of any new developments with respect to the State budget.

San Francisco Long-Term Nursing Care Symposium

The West Bay Hospital Conference of the Hospital Council of Northern and Central California is sponsoring a symposium on long-term nursing care in San Francisco. Conference co-sponsors include: the San Francisco Medical Society, the San Francisco Department of Public Health and the San Francisco Commission on the Aging.

The intent of the symposium is to educate the community and health care providers about the issues and concerns surrounding long-term care needs in the future. The symposium will address the following questions:

- What kind of emphasis should be placed on community-based in-home care?
- How will seismic retrofit regulations impact nursing facility care availability?
- What financial issues are associated with converting acute beds to nursing care beds?
- What is the purpose of the Long-Term Care Pilot Project Task Force?

Mr. Anthony Wagner will be speaking at the symposium along with Mr. Bill Haskell who will present findings from the San Francisco Nursing Facility Bed Study. The symposium will take place on Friday, August 29, 1997 at the UCSF Laurel Heights Conference Center Auditorium, located at 3333 California Street.

COMMUNITY HEALTH NETWORK

Appointments

- Diane Miller Appointed CHN Director of Planning and Marketing

Richard Cordova, Executive Administrator for the Community Health Network (CHN), announced the appointment Diane Miller as the new CHN Director of Planning and Marketing. Diane began her career at San Francisco General Hospital in 1981 as an administrator for Ambulatory Care Services. Since 1990, she has served as the Director of Planning for SFGH with outstanding achievements in the development of the SFGH strategic plan, program and organizational planning, marketing, communications, and community relations. Diane had already brought her considerable talents as planner, analyst, and facilitator to the Community Health Network, when she participated in the successful completion of Phase 1 of the CHN Organizational Restructuring Plan in November of 1996.

As the Director of Planning and Marketing, Diane has responsibility for strategic and program planning, marketing, program development, policy development, and program evaluation functions of the network. One of her immediate priorities is the initiation of a strategic planning process which would assess and develop the mission, goals, and objectives of the evolving integrated delivery system of the CHN.

- Wendy Paye Appointed Director of the CHN Medical Staff Services

Dr. Robert Mackersie, Chief of Staff, and Richard Cordova, Executive Administrator of the CHN and SFGH announced the appointment of Wendy Paye as the Director of the CHN Medical Staff Services Department (MSSD).

Ms. Paye, who was hired after a long recruitment process, comes from Scripps Memorial Hospital in San Diego where she had been the Director of Medical Staff Services for the past eight years. She also brings with her eight years of Quality Assurance and four years of Risk Management experience. She received her certification as a Certified Medical Staff Coordinator (CMSC) in 1987, her certification as a Certified Professional in Healthcare Quality (CPHQ) in 1989, and obtained her law degree in 1995.

Mr. Paye played a major role in developing and implementing the centralized credentialing program for six hospitals in the San Diego area including affiliated IPA's (approx. 2600 physicians and allied health professionals). Additionally, she was responsible for implementing a new medical staff computer system which serves four hospitals.

Ms. Paye's first tasks will be to oversee the installation of the CHN's new "MSO' software program (medical staff data base) and to create a Central Verification Office (CVO) as part of the Medical Staff Services Department. With Ms. Paye's past experience we feel confident that these tasks will be accomplished with little disruption to the daily responsibilities that the MSSD provides the CHN.

Diversion Statistics

Critical Care Diversion for the period August 1 through 16, 1997 is as follows: Critical Care diverted for 7.3% or 29 hours and 45 minutes. The Emergency Department diverted for 4% or 16 hours and 25 minutes.

Laguna Honda Hospital Pharmacy Director Recognized

Through a program designed to recognize excellence among practitioner-members, the California Society of Health Pharmacists (CSHP) has designated Sharon E. Kotabe, Pharm.D., Practitioner Fellow of the Society. Dr. Kotabe has served as the LHH Pharmacy Director since 1993 and also holds Fellowship recognition with the American Society of Consultant Pharmacists since 1996.

The CSHP Practitioner Recognition Program recognizes members who have made significant and sustained contributions not only to the Society, but to pharmacy as a profession. The six-member credentialing committee reviewed the practice histories of pharmacists nominated by CSHP's regional chapters and individual members. Dr. Kotabe will be recognized as Practitioner Fellow during CSHP'S Annual Meeting which will be held October 16-19 in San Jose.

Dr. Kotabe was also the recipient of the 1996 Public Managerial Leadership Award presented by the San Francisco Chamber of Commerce.

PUBLIC HEALTH

Nelly Lee Wins 1997 Public Managerial Excellence Award

The Department is very proud to announce that Nelly Lee, Supervisor, Budget Analysis and Fiscal Systems, was awarded one of the five citywide 1997 Public Managerial Excellence Awards. Nelly has worked for the City for 19 years. In her current position she maintains a complex budget of $245 million dollars, with 14 separate program areas, including the Department of Health's Central Administration Offices. We are also fortunate to have this excellent, hardworking leader who is also one of the City's FAMIS experts.

I am sure that the Commission joins me in congratulating Nelly, as well as the other Health Department nominees who included Joe Goldenson, M.D., Michael Reiter, Pharm.D., Dwight Starr and Charles Stinson, M.D.

Hepatitis C Subject of Regional Conference

This Friday, August 22, the Department will join approximately 10 agencies from the substance abuse community who will be hosting the first regional conference on Hepatitis C, called the "Exploding Hidden Epidemic of the 1990's." Hepatitis C has been the subject of an increasing amount of recent media attention. Hepatitis C is a newly identified virus, infecting an estimated 3.9 million people. According to estimates, 70-80% of all current and past injection drug users are infected with hepatitis C and most of them do not know it. Its carriers may have no symptoms. People at risk include persons who have had blood transfusion prior to 1989, injection drug users and hemo-dialysis patients. There is still much about the transmission of the disease we do not know at this time, but we do know that Hepatitis C can be sexually transmitted.

Tomás Aragón, MD, Director of Community Health Epidemiology Section of the Health and Safety Branch, will be facilitating a plenary session. The conference is expecting to draw a mix of 900 physicians, nurses, counselors, case managers, outreach workers and substance abuse patients, clients and family members to attend.

Health Advisory Issued for Raw Clams, Oysters and Mussels

After 11 cases of vibrio parahaemolyticus have been reported in San Francisco over the past two months, the Department issued a health advisory late Monday afternoon, advising consumers not to eat raw oysters, clams and mussels and advising restaurants not to serve them. The vibrio bacteria causes severe watery diarrhea and stomach cramps, with nausea, vomiting, fever and headache often present. Incubation is between 12 and 24 hours. While symptoms are severe, full recovery occurs in 1-7 days.

The outbreak does not appear to be due to improper handling of shellfish, but rather due to contamination of waters where the shellfish are harvested. We are working with the Food and Drug Branch of CA Health Services to survey the state and region for similar events.

The Bureau of Environmental Health Management began telephoning restaurants and will follow up with a personal visit if the Inspectors are unable to reach restaurant owners and managers by phone. A strong media interest and response helped us get the message out to the community. Restaurants were extremely supportive of our efforts and by Monday evening, raw seafood had already been removed from the menu of many restaurants.

Delta Hotel Fire
As the Commissioners are probably aware, the Delta Hotel on Sixth Street burned last Tuesday evening, killing one occupant, injuring more than a dozen and displacing approximately 180 others. Many of the residents of the Delta Hotel were Filipino veterans who were not fluent in English. Staff from our mental health services, Tom Waddell, the Homeless Death Prevention Team and the Department's homeless program have been administering emergency and routine medical care, counseling, translation, case management and relocation assistance to the displaced victims. As of August 17th, the temporary Red Cross shelter at Sixth Street and Folsom was closed and residents were provided transitional housing.

Our staff will continue to work with the Red Cross, other city agencies and community groups to coordinate an after care plan for long term care needs. Because most of the housing is temporary, and because we are working with a very vulnerable population of displaced residents, we are mindful of the stresses many individuals are experiencing. Supervisor Teng has organized a group of department heads including myself to help develop transitional and permanent housing options for this group. We will keep the Commission advised on the progress of the Delta Hotel residents as they relocate to permanent quarters.

Fire at Clementina Towers
A second fire on August 14 at Clementina Towers senior housing site resulted in the death of an On Lok client and hospitalized one other resident. Staff from two Mental Health programs—Central City Seniors and Chinatown Northbeach Mental Health Services—made immediate outreach calls on the day of the fire and will continue to follow up with a number of clients who reside at the Towers. At this time, it appears that the cause of both the Clementina Towers and Delta Hotel fires was due to cigarette smoking.

The July Department of Public Health statistics are available in the Commission Office.

President Chow requested information on any review of the emergency response (i.e., Police, Fire and Paramedics) to the two fires at the Delta Hotel and Clementina Towers.

Commissioner Barnes requested background information on the 1115 Waiver be given to the newest Commissioners. She and Commissioner Sanchez urged the Department to bring options and recommendations to the Commission regarding the 1115 Waiver.

President Chow stated that the Department will make an updated presentation on the 1115 Waiver to the Commission.

Commissioner Barnes requested an update on the State budget and its ramifications on the Department budget prior to the first quarterly Department of Public Health Budget Report.

Tangerine Brigham, Director of Policy and Planning, reported that the Department's planning strategy is to incorporate and integrate all the on-going planning (i.e., Universal Health Care, AB 1040, Medi-Cal Managed Care) with the 1115 Waiver planning process.

5) OTHER BUSINESS/PUBLIC COMMENTS

Speakers:

Gilbert Criswell, CUSP, had questions about the Postexposure Prophylaxis Study.

Nathan Nayman, Westbay Hospital Council, encouraged collaboration from the beginning of the planning process for the 1115 Waiver.

6) DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.8(3) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:

A. Possible closed session held pursuant to Brown Act Section 54956.9, and Sunshine Ordinance Section 67.11:

Action Taken: The Commission unanimously voted to conduct a closed session on the two items.

1) Consideration of the Jeff Calhoun v. CCSF settlement in the amount of $10,000.

Action Taken: The Commission unanimously approved the settlement in the amount of $10,000.

2) Consideration of the Merkel et al v. CCSF settlement in the amount of $10,500.

Action Taken: The Commission unanimously approved the settlement in the amount of $10,500.

B. Discussion and vote pursuant to Brown Act Section 54956.9, and Sunshine Ordinance Section 67.14 on whether to disclose action taken or discussions held in closed session.

Action Taken: The Commission unanimously voted to disclose actions taken and not to disclose discussions held in closed session.

The meeting was adjourned at 4:10 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Edward A. Chow, M.D.
President
Lee Ann Monfredini
Vice President
Debra A. Barnes
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
Commissioner
Harrison Parker, Sr., D.D.S.
Commissioner
David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

September 2, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 19, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) CHN - Supplemental Appropriation for $189,631 in General Funds for additional nursing staff at SFGH 4B step down nursing unit consistent with the hours per patient day requirements per the Nurses MOU for FY 1997-98.

(3.2) CHN - Supplemental Appropriation for $134,820 in MediCal funds to pay for cytology services at SFGH for FY 1997-98.

(3.3) CHN - Supplemental Appropriation for $301,760 in workorder recovery funds from the Fire Department to provide services to the Health Monitoring/Wellness program for fire department personnel in FY 1997-98.

(3.4) **EMSA** - Combined request to approve the following: 1) apply for retroactively and accept and expend a new grant in the amount of $350,000 from the Department of Health and Human Services, to develop a Metropolitan Medical Strike Team for response to the potential use of nuclear, biological or chemical weapons by terrorists for the period of October 1, 1997 through December 31, 1998; and, 2) approval of a contract modification with the Industrial Emergency Council (IEC) in the amount of $60,000 to provide Hazardous Materials training to EMS personnel for the period of October 1, 1997 through December 31, 1998. (DPH contracted with IEC for services totaling $53,000 during FY 1996-97).

(3.5) **PH - AIDS Office** - Request for approval or retroactive contract renewal with the San Francisco AIDS Foundation (SFAF), in the amount of $226,701, for the provision of Emergency Hotel Vouchers and Rental Subsidy services, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFAF for services totaling $3,674,930 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **PRESENTATION ON FINANCIAL IMPACT OF STATE AND FEDERAL BUDGET FOR FY 1997-98**

6) **CONSIDERATION OF A RESOLUTION ON THE CITYWIDE GUN EXCHANGE PROGRAM**

7) **PRESENTATION OF THE PUBLIC HEALTH DATA BASE**

   - **PROFILING THE HEALTH STATUS OF THE CITY**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

97

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, September 2, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Lee Ann Monfredini at 3:05 p.m.

Present:	Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 19, 1997

Action Taken: The Commission unanimously adopted the minutes of August 19, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

Action Taken: The Commission unanimously voted to disclose actions taken and not to disclose discussions held in closed session.

(3.1) **CHN** - Supplemental appropriation for $189,738 in General Funds for additional nursing staff at SFGH 4B step down Nursing Unit consistent with the hours per patient day requirements per the nurses MOU for FY 1997-98.

(3.2) CHN - Supplemental appropriation for $134,820 in MediCal funds to pay for cytology services at SFGH for FY 1997-98.

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(3.5) **PH - AIDS Office** - Request for approval or retroactive contract renewal with the San Francisco AIDS Foundation (SFAF), in the amount of $226,701, for the provision of emergency hotel vouchers and rental subsidy services, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFAF for services totaling $3,674,930 during FY 1996-97).

Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Children's Health Insurance

Last week, Governor Wilson released his plan for providing health insurance for low income children. The California Children's Health Plan (CCHP) provides health insurance for children 100% to 200% of the federal poverty level. This plan is in response to the recent federal bill which establishes a $24 billion children's health insurance initiative nationwide.

Over the past several weeks, the Department participated in discussions with health associations and health advocacy groups to craft principles for the development of any new child health insurance program. These principles were distributed to the State and the Legislature. Unfortunately, few of the principles crafted by the various associations are seen in the Governor's Plan. CCHP is based on providing coverage through private sector models which have been utilized by the California Public Employees Retirement System and the Managed Risk Medical Insurance Board (MRMIB).

CCHP will provide health coverage to 580,000 of the estimated 1.6 million uninsured children. It also allows Medi-Cal coverage for all children under age 19 who are 100% of Federal Poverty Level (FPL). The Governor's proposal is to implement CCHP as soon as possible. The first children will be enrolled in the program 6-9 months after the enabling State legislation is passed. The Managed Risk Medical Insurance Board, which administers the Health Insurance Plan of California (HIPC) and Access to Infants and Mothers (AIM), will administer the CCHP.

California will receive $855 million annually for first three years to administer the program. The annual cost will be $478.7 million of which $167.5 million will be the required State match. The State has not identified where the matching funds will come from -- premiums and existing federal funds cannot be used for State match.

Some key specifics of the program are as follows:

Program Design

- Families have two options:
  - (1) enroll children in a purchasing pool and parents select a health plan or
  - (2) receive an Insurance Purchasing Credit to assist in paying for employer-based dependent coverage.
- Modeled after purchasing cooperatives such as California Public Employees Retirement System, the Health Insurance Plan of California and Pacific Business Group on Health.
- CCHP does not constitute a new entitlement.

Eligibility

- CCHP eligibility is based on the following criteria:
  - (2) child is ineligible for full scope Medi-Cal or Medicare coverage and
  - (1) family income is equal to or below 200% of federal poverty level
  - (3) child is not covered by a private or employer-sponsored insurance at the time of application or for prior six months
- Children of legal immigrants who enter the U.S. after August 22, 1997 are ineligible as are undocumented persons.

Financing

- Families will pay monthly premiums in the amount of $8 per month for each eligible child. Families will also be charged $5 co-payments for office visits and prescriptions. No co-payments will be charged for preventive services such as well child visits, health screenings and immunizations.
- Estimated State cost of expansion through CCHP is $66.75 per child per month (reflects subtraction of $8 per child monthly family premium). Estimated expansion cost through Medi-Cal is $76.60 per child per month.

Scope of Services

- The benefits package "mirrors" benefits currently available through CalPERS and HIPC. Inpatient and outpatient services will be provided. In addition, substance abuse, mental health, dental and vision services will be available.
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) services will not provided unless they are part of the health plan's benefit package.
- Children eligible for California Children's Services will continue to receive services.

Provider Network

In addition to private licensed health plans and health insurers, MRMIB will contract with Local Initiatives and County Organized Health Systems (COHS). This is to ensure that traditional health care providers can continue seeing patients.

Outreach and Education

- A statewide education and outreach effort will inform parents about both Medi-Cal and the new CCHP program. Materials will be developed in multiple languages.
- Entities that assist in enrolling children in CCHP will be paid a $50 "finder's fee."

The State released its plan before the Legislature's joint Conference Committee on Access to Health Coverage Among Low-Income Californians last Thursday, August 28, 1997. Today, the Conference Committee is hearing responses to the State's plan; health care providers, advocates and associations are scheduled to testify. The Department will make a more detailed presentation on the California Children's Health Plan at the Health Commission's September 16, 1997 meeting.

Long-Term Care Pilot Project Task Force

As part of its planning process, the Long Term Care Pilot Project Task Force will hold five community forums in October to obtain input from long-term care consumers, family caregivers and advocates regarding long-term care services in San Francisco. The forums will be held at the following neighborhood locations:

Sunset (for Sunset, Richmond, Oceanside, Merced, Ingleside)	Rec. Center for the Handicapped 207 Skyline Boulevard at Herbst	Wednesday, October 1, 1997 2:00 p.m. - 5:00 p.m.
Mission (for Mission, Bernal Heights)	Horace Mann Middle School 3351 - 23rd St. at Valencia	Thursday, October 9, 1997 2:00 p.m. - 5:00 p.m.
Bayview Hunters Point (for Bayview Hunters Point, Visitation Valley, Excelsior, Portola)	Southeast Community College 1800 Oakdale Avenue at Phelps	Tuesday, October 14, 1997 2:00 p.m. - 5:00 p.m.
Western Addition (for Western Addition, Inner Richmond, Marina)	Rosa Parks Senior Apartments 1251 Turk Street at Webster	Thursday, October 16, 1997 2:00 p.m. - 5:00 p.m.
Central City (for Central City, North & South of Market, North Beach, Chinatown)	Pacific Bell Conference Room 666 Folsom at Third Street	Friday, October 17, 1997 2:00 p.m. - 5:00 p.m.

Significant outreach is being undertaken by both the Department and the Commission on Aging to ensure that older adults, disabled adults, persons with HIV and persons with chronic illnesses will be in attendance. Three members of the Task Force's Consumer Issues Design Team will be present at each event. All community forums will be wheelchair accessible and translation services will be provided.

COMMUNITY HEALTH NETWORK

Presidential Visit

San Francisco General Hospital received accolades from the White House Medical Unit for the excellent advance work preparing and coordinating required services prior to a Presidential visit. Carol Shagoury, RN, MS - Trauma Coordinator - has taken the lead role as the point of contact for the White House. Many hours of advance work are required for every Presidential visit. Throughout the President's stay Secret Service agents are in place in the ED and services are coordinated with EMS, the ED, ICU, Radiology and the Blood Bank. The White House formally acknowledged the work of Ms. Shagoury, Nurse Lauris Jensen and all the "behind the scenes staff at SFGH" for the "outstanding" contingency work in assuring the safety of President Clinton.

Community Health and Resource Fair a Success

Maxine Hall Health Center in the Western Addition was the site of a Community Health and Resource Fair August 22nd. It was co-sponsored by the Community Health Network, Maxine Hall Health Center and the WIC Program and was attended by more than 700 community residents. Forty-two agencies staffed booths at the fair. Photo IDs were made and given to 210 children. Adults received free acupuncture. One hundred children participated in a raffle that required each child to visit at least 20 health information booths. Two bicycles donated by the Police Department were won by two neighborhood children, and helmets were donated by the Child Health and Disability Prevention Program. This fair was an exciting example of collaboration between the Community Health Network and the Public Health Division of the Department of Public Health.

Resignations

Laguna Honda is losing two of its senior executives next month, Virginia Leishman, Director of Nursing and Dennis Sato, Assistant Hospital Administrator for Management Information Systems.

Ms. Leishman who has been with Laguna Honda Hospital for 44 years is retiring effective October 1st. Laguna Honda has built a reputation under Virginia's leadership, of providing excellent nursing care to its patients.

Dennis Sato has accepted the position of Chief Information Officer for the Hawaii Health Systems Corporation. I am sure you will join me in wishing both Virginia and Dennis well in their new endeavors.

Diversion Statistics

Critical Care Diversion for the period August 1 through 31, 1997 is as follows:

- Critical Care diverted for 10.3% or 76 hours and 35 minutes.
- The Emergency Department diverted for 4.7% or 34 hours and 45 minutes.

PUBLIC HEALTH

Reports of Voter Fraud

Over the weekend, there were several newspaper reports concerning the possibility of voter fraud in the June 3rd election. One concern is that persons who have died may not have been removed from the voter rolls. If this is true, than there is a potential for other persons voting in the place of that individual. A match conducted by one of the newspapers between the voter rolls and a list of recently deceased persons prepared by our Records and Statistics Unit showed 43 possible matches. However, according to the report they used zip codes, rather than exact addresses, which would inflate the number of potential matches. We are currently working with the Registrar of Voters to determine the exact number of persons who died who are listed as having voted in the last election, and we will report the results of the match at the next Commission meeting.

Target Cities Faith Initiative Youth Mentoring Project

On August 19th, the San Francisco Target•Cities Faith Initiative Advisory Board, in partnership with the Inter-Faith Network for Community Help, held a Prayer Breakfast for the Faith Leaders of San Francisco at the Third Baptist Church. Forty-five faith leaders from the Buddhist, Christian, Jewish and Muslim faiths were included in a discussion on how to provide positive options for the young men who are returning from the juvenile detention facility at Log Cabin Ranch. This was the first in a series of events that the Target Cities Faith Initiative Mentor Project is planning.

The event was facilitated by Rev. Timothy Dupre, with opening remarks from Rev. Amos Brown, San Francisco Board of Supervisors and Dr. Larry Meredith. Johnny Miller, Director of Log Cabin Ranch, and Stewart Wobber, Inter-Faith Network for Community Help discussed the challenges faced by the youth when they leave a sheltered environment to return to their neighborhoods. Karen Ashcraft, Youth Mentor Coordinator from San Francisco Target Cities discussed the importance of mentoring in the life of a youth and the mentoring opportunities provided by the Target Cities Faith Initiative Mentorship Program.

Commissioners Guy and Monfredini acknowledged the dedicated and committed work of Virginia Leishman. The Commission will recognize her with a special presentation.

Commissioner Guy expressed her concerns about the diversion statistics. Commissioner Monfredini suggested a full presentation to the Commission be calendared.

5) PRESENTATION ON FINANCIAL IMPACT OF STATE AND FEDERAL BUDGET FOR FY 1997-98

Monique Zmuda, CFO, presented the following information:

Fiscal Impact of State Legislation

SB 855 Disproportionate Share
San Francisco General Hospital estimates an increase in the FY 1997-98 budgeted Medi-Cal revenues of $1.9 - 43.8 million. this represents SFGH's share of the $75 million reduction in the State's administrative fee for managing the Disproportionate Share Hospitals Program.

Mental Health and Substance Abuse
There is no fiscal impact on the Department's budget from the State's allocation of $23.5 million for substance abuse and mental health treatment services for CalWORKS (The State's version of the Federal Temporary Assistance for Needy Families Program). these funds have been put into the State Department of Social Services. With these funds, Counties will develop individualized mental health and substance abuse work plans. Local social service agencies will contract with providers to deliver appropriate services.

Disabled Children
There is no known fiscal impact on the Department's budget from the Governor's veto of legislation to continue Social Security Income/State Supplemental Payment (SSI/SSP) benefits to disabled children who became ineligible for SSI due to the Welfare Reform Act. The Department does not provide cash assistance to individuals and these children will still be entitled to Medi-Cal funded health services based on their medical condition or their income status. The Department will continue to receive reimbursement for services provided to these Medi-Cal eligible children.

Prenatal Care for Undocumented Women
At this time, there is no known fiscal impact on the Department's budget from the Governor's veto that would have re-enacted funding for the prenatal care program for undocumented women. The Department's FY 1997-98 budget included a $1.2 million reduction in State Medi-Cal revenue for prenatal care to undocumented women. This $1.2 million reduction was offset by an equivalent increase in funding to the Department from the City's General Fund.

However, it is possible that some undocumented women that previously received services at non-DPH medical facilities may begin to use DPH facilities for prenatal care.

Graduate Medical Education (GME)
San Francisco General Hospital estimates an increase in the FY 1997-98 budget of $2 million for Graduate Medical Education reimbursement from the Medi-Cal program. This will be a new source of revenue based on a bill which is before the Legislature. The funding mechanism for this program will be similar to the State's Disproportionate Share Program (SB 1255). The City and County will be required to transfer funds to the State to obtain additional funding.

Unresolved Federal Budget Issues
As of this date, the Federal budget has been approved by Congress and signed by the President. However, State legislation is needed to implement most of the fiscal changes. Two unresolved budget issues could impact the Department's FY 1997-98 budget.

The first unresolved issue is the repeal of the Boren Amendment which provides for reasonable hospital reimbursements and prohibits hospitals from suing the Federal Government over the reimbursement rate. With this action, the State could lower our reimbursement rate for Laguna Honda Hospital. If the State were to do this, we could lose up to $54 million annually. However, to lower our reimbursement rate, the State would have to publish regulations and hold hearings on the proposed lower reimbursement rates.

Also unresolved is the impact of changes in the State's contribution under the Federal Disproportionate Share Program. The Federal Government increased the Omnibus Budget Reconciliation Act funding cap to 175%, allowing the State to match more funds under the program. State legislation (AB 768 - Gallegos) implementing this Disproportionate Share Funding change is pending and could increase Medi-Cal revenue to San Francisco General Hospital by $4 million.

Ms. Zmuda will keep the Commission informed in the coming months. She will also bring to the Commission proposals for appropriating these additional revenues.

6) CONSIDERATION OF A RESOLUTION ON THE CITYWIDE GUN EXCHANGE PROGRAM

Dr. Larry Meredith, Director of Community Health Promotion and Prevention, provided the following information:

The San Francisco Department of Public Health has been asked to endorse and forward to the Board of Supervisors a resolution to support a citywide gun exchange program entitled ***One Less Gun Campaign***, scheduled for December 6, 1997. This gun exchange program will make available to the residents of San Francisco the opportunity to dispose of excess and unwanted firearms which will eliminate the possibility of their use in intentional and unintentional injuries and death.

The ***One Less Gun Campaign*** is being planned by a citywide group that includes the Violence Prevention Project of Mt. Zion/UCSF, the San Francisco Police Department, the Trauma Foundation, various churches and faith community leaders, the Department of Veterans Affairs, Physicians for a Violent Free Society, Coleman Advocates for Youth, the San Francisco Department of Public Health, and others.

> The Violence Prevention Network, a citywide coalition of public and community based agencies working towards violence prevention, is convened and staffed by the Violent Injury Prevention Project. Now in its final year of funding, the project is nearing completion of a comprehensive report on gun related incidents. preliminary data demonstrating the burden of injury and death as a result of fun use is included in the resolution.
>
> A more complete and up to date report will be presented to the Health Commission in the near future.

Dr. Meredith recommended some minor amendments to the proposed resolution.

Nathan Nayman commented on the large number of groups that are participating in this program.

Commissioner Monfredini suggested that for every person giving a gun will also be offered a tatoo removal at SFGH.

Action Taken: The Commission unanimously adopted Resolution #19-97, "Endorsing the One Less Gun Campaign," (Attachment A.)

7) PRESENTATION OF THE PUBLIC HEALTH DATA BASE

• PROFILING THE HEALTH STATUS OF THE CITY

Dr. Bob Prentice, Director of the Public Health Division, introduced a draft report on the causes of mortality in San Francisco for the period 1990-95. The report itself is but the first stage in the development of a public health data base that will help guide the activities of the Public Health Division by establishing a framework from which priorities for population health can be derived. It is an early glimpse at an approach to the development of that data base and a way of thinking about population health.

This is a departure from conventional ways of looking at mortality data. The innovative concept of Standardized Expected years of Life Lost (SEYLL) does not only examine the causes of mortality, but rather looks at the deprivation of years from what should be a normal life expectancy. It has potentially profound implications for how we direct our population-based interventions, especially our prevention activities. moreover, this approach to examining causes of mortality is based on practices adopted by the World Health Organization, which also makes our efforts compatible with those among other public health professionals.

Tomás Aragón, M.D., M.P.H.; Randy Reiter, Ph.D., M.P.H.; and Brian Katcher, Pharm. D., presented the work in progress of the Department of Public Health Population Health Assessment Work Group, (Attachment B). For the report, including tables and graphs, call the Commission Office (554-2666).

Commissioner Parker appreciates the data but pointed out that small amounts of funding are allocated to prevention activities. He does not see much progress in addressing the data. Dr. Katz stated that the Department would be bringing a proposal to the Commission for the expansion of prevention in the Department.

Commissioner Guy expressed her support for this innovative method of analyzing population-based data to assess the health of the population of San Francisco residents.

Vice President Monfredini expressed appreciation for the work done so far and looks forward to having progress reports brought to the Commission.

8) OTHER BUSINESS/PUBLIC COMMENTS

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 19-97

ENDORSING THE ONE LESS GUN CAMPAIGN

WHEREAS, firearm injuries result in a significant number of emergency room visits, critical or long-term care, and extensive rehabilitative costs; and,

WHEREAS, according to the Profile of Injury in San Francisco, created by the Department of Public Health and the San Francisco Injury Center (August 1996), there were 289 firearm injuries representing 4.3% of all emergency room admissions in 1993 ; and,

WHEREAS, in the same report, 19% of injury hospitalizations among youths ages 15-24 were due to firearms; and,

WHEREAS, in the same report, 117 deaths were attributed to firearm use in 1993, with homicide being the leading cause of death for males ages 15-24, of which 80% were due to firearms; and,

WHEREAS, gun ownership is often mistakenly justified by the need for protection of home and self, over the ten year period (1985-95) there were 922 firearm deaths, and only five of those deaths (.005) could be attributed to the legally justifiable use of a firearm; and,

WHEREAS, family violence is still the leading cause of all solved homicides of women in San Francisco, with 64% of those murders due to firearm use; and,

WHEREAS, the availability of firearms is a significant factor in violent incidents, and represents a significant public health problem; and,

WHEREAS, any reduction of firearms will save lives; and,

WHEREAS, the Violence Prevention Network has endorsed the *One Less Gun Campaign* citywide effort; and,

WHEREAS, the *One Less Gun Campaign* is an outgrowth of the Building a healthier San Francisco Collaborative of which the United Way, the West Bay Hospital Conference, the Department of Public Health, and fifty or more other organizations are members, now, therefore, be it

RESOLVED, that the San Francisco Health Commission hereby endorses and supports the citywide *One Less Gun Campaign*.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, September 2, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

San Francisco Burden of Disease and Injury: Mortality Results 1990-1995

Introduction

To perform one of its core public health functions, the Public Health Division is developing methods and analyzing population-based data to assess the health of the population of San Francisco residents. This assessment is designed to provide profiles of health conditions and health needs for both the whole population and for various of its component parts. It will provide information on mortality and a variety of morbidity and injury conditions, on risk factors and conditions contributing to the particular distribution of mortality and morbidity we find here, and on access to and use of health care services (including those provided by DPH).

The data reported from these assessments is intended to be used by managers, planners and communities to make informed decisions about the health needs and priorities of our population, and in DPH's allocation of effort and resources to meet those needs. This project thus involves not only the process of developing and interpreting a whole-population picture of health status and needs, but also of incorporating such health data throughout the department in planning and decision-making.

We expect to report periodically on parts of the assessment as they are developed. This work-in-progress report specifically measures the mortality burden of disease and injury for San Francisco residents for the period 1990-1995 and has the following purposes:

- To assess objectively the mortality component of the overall burden of disease and injury for San Francisco residents.
- To utilize a measure that allows ranking of disease and injury indicators for the purposes of developing public health priorities.
- To measure the extent to which premature deaths are caused by known preventable factors.
- To inform Public Health Division (PHD) policy and to guide PHD health protection, health promotion, and disease and injury prevention efforts.

In general, there are seven dimensions of the population that we will try to review in population assessments. These ways of viewing the population are: sex, age, race/ethnicity, language, poverty or socioeconomic condition, and neighborhood or area. All are known or expected to influence the distribution of health conditions, risk factors, and/or access to and use of health services. In practice, we seldom have data to report on all of these characteristics. In some cases we can use surrogate indicators, but often must settle for only those we do have information on.

The mortality analyses in this report are modeled, in part, after the *Global Burden of Disease and Injury Series* published by the World Health Organization (WHO) and the Harvard School of Public Health. The primary objectives of their study were the following: (1) ". . . to facilitate the inclusion of non-fatal health outcomes in debates on international health policy.", (2) ". . . to decouple epidemiologic assessment from advocacy so that estimates of the mortality or disability from a condition are developed as objectively as possible.", and (3) ". . . to quantify the burden of disease using a measure that could also be used for cost-effective analysis.". Based on these objectives, the primarily measure chosen was Disability Adjusted Life Years (DALY) which is obtained by summing Years Lived with Disability (YLD) and Standardized Expected Years of Life Lost (SEYLL). YLD measures the population burden of a non-fatal health outcomes and is not the subject of this report. SEYLL measures the expected years of life lost due to cause-specific and total mortality and is the primary measure used in this report.

This report is a comprehensive, representative, standardized, systematic and population-based approach to the analysis of San Francisco mortality data. The primary measure, SEYLL, gives greater weight to deaths that occur at younger ages and is therefore a better indicator of preventable, premature deaths. The cause of death classification system was modified from the WHO Global Burden of Disease (GBD) Study and made more relevant to San Francisco (Table 1). Analyses were conducted not only by sex, race/ethnicity, and age, but also by neighborhood. This report will allow the San Francisco Department of Public Health and community residents to determine what are the leading specific causes of preventable, premature deaths in their neighborhood and will facilitate community health priority setting and guide targeted interventions. These analyses will be repeated on a periodic basis for the purposes of monitoring changes in the mortality burden of disease and injury in all San Francisco Communities.

Methods

The Public Health Information System (PHIS) summary death certificate data for the years 1990-1995 were obtained from the Data Retrieval and Analysis Section of the California Department of Health Services. These summary data included all certified deaths of San Francisco residents. Certificates of death for residents who died outside of the County and/or State were included in the analysis. The data file included variables for sex, race/ethnicity, age, age group, code for underlying cause of death, and zip code of residence. Codes for underlying cause of death were from the International Classification of Diseases, 9th Revision (ICD-9). The race/ethnicity variable had 7 categories: White, African American, Latino, Asian/Pacific Islander, Filipino, Native American, and Other.

For the period 1990-1995, the following were determined for all San Francisco residents, for San Francisco residents stratified by race/ethnicity, and for San Francisco residents stratified by zip code: (1) Mortality count by total, by sex, and by sex and age, and (2) Standardized Expected Years of Life Lost (SEYLL) by total, by sex, and by sex and age. For the three-year periods 1987-1989, 1990-1992, 1993-1995, age-adjusted mortality rates were calculated using the 1940 U.S. Standard Million Population. Population estimates used in the calculation of mortality rates were obtained from the California Department of Finance Demographic Research Unit.

The San Francisco Department of Public Health Burden of Disease and Injury Study (SFPDH BDIS) cause of death classification is based on the WHO GBD Study with several modifications to make it more relevant to San Francisco. Whenever possible, ICD-9 codes were modified to make the categories comparable to the Healthy People 2000 and/or National Center for Health Statistics cause of death classification. The SFDPH BDI cause of death classification is broken down in four major levels. Each sublevel is a subset of the previous level and provides more detailed estimates for specific causes of death. For example, Level 1 classification is the following:

I. Communicable diseases
II. Maternal-Perinatal-Nutritional diseases
III. Noncommunicable diseases
IV. Injuries

SFDPH BDIS estimates are evaluated at this level. However, for more detail one could then look a Levels 2, 3, or 4. For example, for injuries,

IV. Injuries *[Level 1 category]*
    A. Unintentional injuries *[Level 2 category - subset of* IV]
        1. Motor vehicle traffic *[Level 3 category - subset of* IV.A]
            a. Occupant *[Level 4 category - subset of* IV.A.1]
            b. Motorcyclist
            c. Pedalcyclist
            d. Pedestrian
        2. Poisonings
        3. Drug poisonings
        4. Falls
        5. Drownings

Results

Analysis of mortality by sex, age, ethnicity and zip code area yields voluminous tables. The complete set are available from the authors by request. Some of the comprehensive tables are shown in the appendix. Here we present highlights of the results selected to illustrate our approach to monitoring San Francisco mortality.

Counts: Distribution of Deaths by Cause. Table 2 shows the numbers of deaths for the four major burden of disease and injury categories, by sex and age. The percentage distribution by category within sex-and-age group is also shown. As with all S.F. mortality data, AIDS has a significant effect: one-fifth of all deaths (9,873 of the six-year total of 48,424 deaths) are due to communicable diseases; these are heavily concentrated among males age 25-44 (two-third of deaths in that group) and 45-64 (one-third of their deaths). Males account for 59% of all deaths, with the difference due to the much larger number of men than women dying from communicable diseases and injuries (both intentional and unintentional).

Counts broken down by detailed causes of death, sex and age, and both race/ethnicity group and zip code area are also available, but not included here.

SEYLLs: Leading Causes. The distribution of SEYLLs by detailed cause, sex and age, is shown in Table A2-1 in the Appendix. A comparison of leading causes of death based on SEYLLs and on rates is shown in Table 3 for San Francisco males, females and overall. They are quite similar, with the influence of prematurity on SEYLLs reflected in a somewhat higher ranking for causes especially afflicting younger people, such as suicide and homicide.

Since SEYLLs are meant primarily to focus on the relative distribution of causes within a given population group, we show the 10 leading causes of premature death years overall and by sex in Figure 1, for all of San Francisco, and Figures 2-9, for specific race/ethnicity groups.

For the whole population (Figure 1), 7 causes appear on both the male and female list of 10 leading causes, although generally not in the same order. These are: HIV/AIDS, ischemic heart disease (IHD), lung cancer, cerebrovascular disease (CVD, or stroke), drug poisoning, suicide, and pneumonia.

Among men, HIV/AIDS is far and away the largest cause of premature years of life lost, 38% of the total or more than three times the share of the second leading cause, ischemic heart disease. Homicide, chronic liver disease/cirrhosis, and motor vehicle traffic round out the list of 10 leading causes of men's premature mortality. These 10 causes account for 71% of the total male years of life lost, with the top two, AIDS and IHD, accounting for almost half the total (49%).

Among women, IHD is the leading cause, followed by stroke, lung cancer and breast cancer. Breast cancer, colorectal cancers and chronic obstructive pulmonary disease (COPD) are on the women's list of leading specific causes but not on the men's list. Females' 10 leading causes accounted for 53% of their total SEYLLs.

Men experienced 2.7 times as many years of premature life lost as women overall. HIV/AIDS is a major contributor to this disparity, but even when it is excluded, males had 1.7 times as many years lost as females.

Leading Causes by Race/Ethnicity. Figures 2 through 9 show the proportion of SEYLLs for the 10 leading specific causes of death for males, females and overall, by race/ethnicity. In general, most of the causes appearing on the city-wide list (Figure 1) also appear on the race/ethnicity-specific lists.

Among men HIV/AIDS is first and IHD second, except among Latino men , for whom homicide is the second leading cause of premature years of life lost. Homicide is also the third leading cause among African-American and Filipino males. Other causes not among the 10 leading causes for men city-wide but appearing on race/ethnicity specific lists include alcohol use (psych diagnosis) among white, Latino and African-American men, COPD (white), falls (Latino), and SIDS (Filipino).

IHD is the top cause among women of all groups. Stroke is second, except among Latina and African-American women; HIV is second among them. Other causes not on the city-wide female list are diabetes mellitus (DM), among Latina, African-American and Filipina women; homicide (African-American and Filipina women), chronic liver/cirrhosis (Asian/Pacific Islander and Filipina women), and SIDS and cervical cancer among Latina women.

Table 4 summarizes the SEYLL numbers and proportions by race/ethnicity and sex for the specific causes of death that appeared most frequently among the zip-code-based areas of San Francisco.

Leading Causes by Area (Zip code). Table 5 shows the 10 leading specific causes contributing to SEYLLs by area of the city (as defined by zip code). Reading across shows for any given cause, the areas in which it is one of 10 leading contributors to premature death. Reading down, by zip, shows the relative distribution of causes of premature death for a given area. Table 6 shows, for the 10 leading causes by sex, the number of zip code areas (out of 22) in which that cause also appeared on the list of 10 leading causes.

These data summarize for 22 areas the individual graphs showing leading causes. One example is provided, Figure 10, for Bayview-Hunter's Point. It illustrates that for this particular area, the single leading contributor to male premature death is homicide.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

/97

AGENDA

HEALTH COMMISSION MEETING

September 16, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 2, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) CHN - Supplemental appropriation request totaling $643,223 to fund a new Workers' Compensation reimbursement schedule effective July 1, 1997 and to consolidate Occupational Medical Treatment Services at San Francisco General Hospital effective October 1, 1997.

(3.2) CHN - Approval of MOU between DPH and the Department of Human Resources consolidating Occupational Medical Treatment Services and adjusting reimbursement rates for FY 1997-98.

(3.3) CHN - Supplemental appropriation for $10,665,000 in bond proceeds to purchase the CMED Building located at 2789 - 25th Street.

(3.4) CHN - Supplemental appropriation for $1,033,415 to expand home health services effective October 1, 1997.

(3.5) CHN - Exec. Admin. - Contract renewal with Toyon Associates, Inc., in the amount of $291,375 per year to provide reimbursement and revenue optimization services for SFGH, LHH, Home Health Agency and Mental Health for the three year period of October 1, 1997 through September 30, 2000. (DPH contracted with Toyon for services totaling $179,260 during FY 1996-97).

(3.6) PH - AIDS Office - Retroactive contract renewal with San Francisco AIDS Foundation (SFAF), in the amount of $1,098,238, for the provision of client advocacy, benefits counseling and emotional and practical support services to people with HIV/AIDS, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFAF for services totaling $3,674,930 for FY 1996-97).

(3.7) PH - AIDS Office - Retroactive contract renewal with Professional Management Development Corporation (PMDC), in the amount of $3,520,093, for the provision of AIDS Drug Assistance Program (ADAP) pharmaceutical services, for the period of July 1, 1997 through September 30, 1997. (DPH contracted with PMDC for services totaling $9,020,390 during FY 1996-97).

(3.8) PH - AIDS Office - Status Report on the $116,165 contract with the Support Center.

(3.9) PH - AIDS Office - Status Report on the National Task Force on AIDS Prevention.

(3.10) PH - Mental Health - Status Report on the Oakes Children's Center contract (July 1, 1997 through June 30, 2001) regarding Board composition compliance.

(3.11) PH - Mental Health - Retroactive contract renewal with Jewish Family and Children's Services (JFCS), in the amount of $60,000 per year to provide early and periodic screening, diagnosis and treatment services to refugee children and youth for the period of July 1, 1997 through June 30, 2001. (DPH contracted with JFCS for services totaling $22,825 during FY 1996-97).

(3.12) PH - Mental Health - Retroactive contract renewal with Catholic Charities of San Francisco, in the amount of $160,720 per year, to provide community outreach and 24-hour services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Catholic Charities for services totaling $2,063,852 during FY 1996-97).

(3.13) PH - Mental Health - Retroactive contract renewal with Edgewood Children's Center in the amount of $1,216,291 to provide day treatment services, subacute day treatment, school-based intervention programs, day treatment habilitative services, special education partnership (SED) programs and EPSDT program for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Edgewood for services totaling $1,286,684).

(3.14) PH - Substance Abuse - Retroactive multiyear contract renewal with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. in the amount of $308,412, for the fourth year, to provide substance abuse outpatient and prevention services for the Spanish speaking, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Mission Council for services totaling $128,412 during FY 1996-97).

(3.15) PH - Substance Abuse - Retroactive multiyear contract renewal with Friendship House Association of American Indians, Inc. in the amount of $130,000, for the first year, to provide residential treatment and training substance abuse services, for the period of July 1, 1997 through

June 30, 1998. (DPH contracted with Friendship House for services totaling $122,800 during FY 1996-97).

(3.16) PH - Prevention - Contract renewal with San Francisco Neighborhood Legal Assistance Foundation (SFNLAF) in the amount of $191,378, to provide family violence prevention activities for the period of October 1, 1997 through September 30, 1999. (DPH contracted with SFNLAF for services totaling $65,000 during FY 1996-97).

(3.17) PH - Prevention - Contract renewal with Men Overcoming Violence (MOVE) in the amount of $187,828, to provide family violence prevention activities for the period of October 1, 1997 through September 30, 1999. (DPH contracted with MOVE for services totaling $75,000 during FY 1996-97).

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **PRESENTATION OF DEPARTMENTAL OPTIONS FOR PREPARING A RESPONSE TO THE 1115 WAIVER**

6) **PRESENTATION OF THE STATE CHILDREN'S HEALTH INITIATIVE**

7) **CHILDHOOD LEAD PREVENTION PROGRAM**

A) **CONSIDERATION OF AN ORDINANCE ESTABLISHING A REGULATION REGARDING SAFE WORK PRACTICES DURING EXTERIOR PAINTING**

B) **CONSIDERATION OF A REVISION TO HEALTH CODE, ARTICLE 26, SECTION 1625, GIVING THE DEPARTMENT OF PUBLIC HEALTH AUTHORITY TO TAKE SOIL SAMPLES ON PRIVATE NON-RESIDENTIAL PROPERTY OR FOR OTHER REQUIRED OWNER OPTIONS**

8) **PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR A NEW GRANT-FUNDED INITIATIVE, CO-SPONSORED BY THE DEPARTMENT OF PUBLIC HEALTH AND SAN FRANCISCO STATE UNIVERSITY, FOR A MASTERS IN PUBLIC HEALTH DEGREE PROGRAM**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

*** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

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Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
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Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

/97

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, September 16, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Debra A. Barnes
	Commissioner Edward A. Chow, M.D.
	Commissioner Roma P. Guy, M.S.W.
	Commissioner Ron Hill
	Commissioner Lee Ann Monfredini
	Commissioner Harrison Parker, Sr., D.D.S.
	Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 2, 1997

Action Taken: The Commission unanimously adopted the minutes of September 2, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) CHN - Supplemental appropriation request totaling $643,223 to fund a new Workers' Compensation reimbursement schedule effective July 1, 1997 and to consolidate Occupational Medical Treatment Services at San Francisco General Hospital effective October 1, 1997.

(3.2) CHN - Approval of MOU between DPH and the Department of Human Resources consolidating Occupational Medical Treatment Services and adjusting reimbursement rates for FY 1997-98.

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(3.6) PH - AIDS Office - Retroactive contract renewal with San Francisco AIDS Foundation (SFAF), in the amount of $1,098,238, for the provision of client advocacy, benefits counseling and emotional and practical support services to people with HIV/AIDS, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFAF for services totaling $3,674,930 for FY 1996-97).

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(3.8) PH - AIDS Office - Status Report on the $116,165 contract with the Support Center.

Norm Nickens, AIDS Office, submitted a Project Status Report on the contract by providing the progress on the project objectives and examples of services provided to date.

(3.9) PH - AIDS Office - Status Report on the National Task Force on AIDS Prevention.

Commissioner Monfredini reported on her meeting with representatives of NTFAP and thanked the contractor for adequately responding to fiscal and board composition issues. She also encouraged and gave the contractor 12 months to bring women onto the Board.

Public Speakers:
1) Joshua Volle
2) Staff members of NTFAP

(**Note**: These speakers appeared before the full Commission).

(3.10) PH - Mental Health - Status Report on the Oakes Children's Center contract (July 1, 1997 through June 30, 2001) regarding Board composition compliance.

Ginger Nichols, Chairperson of the Board, presented its detailed plan for Board Development and Diversity.

Commissioner Monfredini thanked Ms. Nichols for the impressive plan and requested the contractor to give a 6-month follow-up to Jo Ruffin, Deputy Director of Health for Mental Health Services.

(3.11) PH - Mental Health - Retroactive multiyear contract renewal with Jewish Family and Children's Services (JFCS), in the amount of $60,000 per year to provide early and periodic screening, diagnosis and treatment services to refugee children and youth for the period of July 1, 1997 through June 30, 2001. (DPH contracted with JFCS for services totaling $22,825 during FY 1996-97).

(3.12) PH - Mental Health - Retroactive multiyear contract renewal with Catholic Charities of San Francisco, in the amount of $160,720 per year, to provide community outreach and 24-hour services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Catholic Charities for services totaling $2,063,852 during FY 1996-97).

- Jo Ruffin, Deputy Director of Health for Mental Health Services, amended the Department's recommendation for this renewal contract. First, the Department is not recommending a multiyear renewal; and second, the Department is recommending a 6-month renewal (July 1, 1997 through December 31, 1997) with the understanding that the contractor will submit a plan addressing compliance on the Board composition policy.

- Commissioner Monfredini requested that the contractor come back to the Commission at its November 18, 1997 Budget Committee meeting to present its plan.

- Commissioner Hill strongly urged the contractor to have representatives from the HIV/AIDS and gay/lesbian community on its Board of Directors.

- Commissioner Barnes and Commissioner Guy requested the Department to have an alternative plan if this present contractor does not comply with the Commission's Board composition policy.

- Commissioner Sanchez encouraged the contractor to have Board representatives at the November 18, 1997 Budget Committee meeting.

(3.13) PH - Mental Health - Retroactive contract renewal with Edgewood Children's Center in the amount of $1,216,291 to provide day treatment services, subacute day treatment, school-based intervention programs, day treatment habilitative services, special education partnership (SED) programs and EPSDT program for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Edgewood for services totaling $1,286,684).

(3.14) PH - Substance Abuse - Retroactive contract renewal and modification with Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. in the amount of $308,412, for the fourth year, to provide substance abuse outpatient and prevention services for the Spanish speaking, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Mission Council for services totaling $128,412 during FY 1996-97).

(3.15) PH - Substance Abuse - Retroactive multiyear contract renewal with Friendship House Association of American Indians, Inc. in the amount of $130,000, for the first year, to provide residential treatment and training substance abuse services, for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Friendship House for services totaling $122,800 during FY 1996-97).

(3.16) PH - Prevention - Contract renewal with San Francisco Neighborhood Legal Assistance Foundation (SFNLAF) in the amount of $191,378, to provide family violence prevention activities for the period of October 1, 1997 through September 30, 1999. (DPH contracted with SFNLAF for services totaling $65,000 during FY 1996-97).

(3.17) PH - Prevention - Contract renewal with Men Overcoming Violence (MOVE) in the amount of $187,828, to provide family violence prevention activities for the period of October 1, 1997 through September 30, 1999. (DPH contracted with MOVE for services totaling $75,000 during FY 1996-97).

> **Note**: For both #3.16 and #3.17, Commissioner Barnes requested the outcome of the upcoming monitoring reports be considered prior to renewing the next year of the multiyear renewal for these contracts.

> Action Taken: The Commission unanimously approved the Consent Calendar of the Budget Committee, with the amended recommendation on #3.12.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Prenatal Care for Undocumented Residents

A California Appellate Court decided in late August that the Governor had the right, based on federal law, to issue emergency regulations to terminate State-funded prenatal care to undocumented residents. The decision did not address whether or not the State could eliminate prenatal care to undocumented women. Irrespective of the decision, the State had reissued the regulations on a non-emergency basis for public comment.

The Department submitted comments in opposition to the regulations. The Administration now intends to terminate State-funded prenatal care for new undocumented applicants on November 1, 1997, and for current recipients on December 1, 1997.

There is other litigation pending in State Court which challenges the implementation of the non-emergency regulations. A hearing will be held October 22, 1997, and plaintiffs' attorneys will request that the State's termination of State-funded prenatal care continue to be delayed.

The Department is proceeding based on an assumption that State funding will be terminated effective November 1, 1997. Internally, we have convened a work group with representatives from Public Health, the Community Health Network and the City Attorney's Office. We have also begun discussions with community-based health groups, immigrant rights organizations, and legal advocacy groups on such issues as how to implement plans for continuation of services and appropriate outreach.

COMMUNITY HEALTH NETWORK

Violence in the Family Lifecycle: The Healthcare Response

On September 12, the Community Health Network, the Violence Prevention Task Force and the Department of Education and Training presented a full day workshop entitled: "Violence in the Family Lifecycle: The Healthcare Response."

The program, coordinated by Lynda Frattaroli, LCSW, and Susan Gearhart RN, included presentations on:

- substance use and it's relationship to family violence;
- child abuse and neglect;
- domestic, elder & youth violence;
- sexual assault and mandatory reporting; and
- how to influence public policy on violence related issues.

Presentations were made by representatives of local community organizations involved in violence prevention and members of the Violence Prevention Task Force. This workshop provided another avenue for dialogue between providers and the community on an important public health problem.

Constance B. Wofsy Distinguished Professorship Dedication Day
A ceremony to endow the Constance B. Wofsy Distinguished Professorship in Medicine Chair at UCSF/SFGH is planned tomorrow morning at 10:00 in the Carr Auditorium. This is the first endowed Department of Medicine chair created and funded at SFGH. We are honored to dedicate it in Dr. Wofsy's name. She was an early pioneer in the response to AIDS in San Francisco, the first to appreciate the importance of HIV transmission to women, the first to educate the business community about HIV in the workplace, and among the first to bring safer sex messages to the heterosexual community.

Appointment of CHN Director of Quality Management
Sue Currin has been appointed CHN Director of Quality Management. She began her career at SFGH in 1978 as a staff nurse for medical/surgical and critical care services. Sue also served as a nurse educator for Staff Development Services. Most recently Sue has been the Quality Management Director for SFGH and Community Oriented Primary Care, providing leadership and expertise in the Continuous Quality Improvement process, and risk management programs.

Her new role will require collaboration with the ASO and with the Director of Patient Care Services in implementing a continuous quality improvement model and in ensuring the highest quality of patient care possible in the network.

Appointment of Special Assistant for CHN Accreditation Affairs
Last week Robert Christmas was named Special Assistant for CHN Accreditation Affairs. Robert has been an Associate Administrator at SFGH since 1981. He has a broad range of managerial experience and expertise in ambulatory services, clinical and environmental support services, and accreditation preparation.

As the Special Assistant for CHN Accreditation Affairs, Robert will be responsible for network-wide coordination and preparation of all accreditation-related activities. With anticipated policy changes in the accreditation of health care services, the CHN is evaluating the option of becoming surveyed and accredited as a health care network.

The California Healthcare Association (CHA) and the Association of California District Hospitals (ACHD) v. Department of Health Services Lawsuit
A lawsuit (CHA-ACHD v. DHS) filed in May 1996, challenges the legality of the State's implementing rate setting methodologies for hospital-based nursing and subacute facility services prior to having obtained approval from HCFA.

The suit was necessitated when DHS submitted State Plan Amendments which excluded from the computation of the distinct part/nursing facility median rate the costs of distinct part/nursing facilities with less than 20% Medi-Cal patient days. Under this payment methodology, the median reimbursement rate, currently $214.90, would have fallen to $182.85, lowering the rate for all hospitals with costs above the median. However, DHS also added a provision to the State Plan Amendment that temporarily froze the rate at $214.90. If the freeze was not in effect the true median rate would be $233.12.

In addition, the State Plan Amendment changed the subacute payment methodology from a rate based on modeled costs to a rate based on audited costs. CHA and ACHD also challenged the change to the subacute rate because the database on which the rate was based was seriously flawed.

In early February, the lower Court denied motions for summary judgment and injunctive relief in CHA's and ACHD's case. The Court ruled on the procedural issues only and the substantive issues remain unresolved. In another lawsuit, Memorial Hospital at Exeter v. Belshe, which raised substantially similar legal issues, the Court in the Eastern District held that DHS' implementation of a State Plan Amendment prior to approval by HCFA is invalid. This decision applies only to Memorial Hospital at Exeter and not to all distinct part/nursing facilities. DHS has appealed that decision. The judges in the lawsuits came to different conclusions regarding the legal issues and based their opinions on entirely different reasoning. Both lawsuits are scheduled to be heard on October 6, 1997.

The 1997-98 Federal Budget Act repealed the Boren Amendment which required states to make assurances to HCFA that the Medicaid rates paid to hospitals and nursing facilities were "reasonable and adequate to meet the costs which must be incurred by efficiently and economically operated facilities in order to provide care and services ...".

Effective October 1, 1997, states can set rates without submitting a State Plan Amendment for approval by Health Care Financing Administration (HCFA). States have no requirements for setting fair rates other than to hold a public hearing in which providers and beneficiaries may make comment.

Given the repeal of the Boren Amendment, settlement of the CHA-ACHD v. DHS lawsuit appears to be the best option. Without a settlement, DHS can recalculate the distinct part and subacute rates at any time. Anthony Wagner has been requested by CHA to serve on an eight member negotiating team to attempt to negotiate a settlement to the lawsuit.

LHH Interim Director of Nursing

Anna Suttmann, R.N., has agreed to serve as LHH's Interim Director of Nursing. Anna will assume her new responsibilities October 1st. Anna has had a distinguished career at Laguna Honda Hospital (LHH) during the past 15 years, serving as staff nurse, head nurse, supervisor and assistant director of nursing. Prior to coming to LHH, she was Assistant Director of Nursing at a 180 bed nursing facility in Santa Rosa, California. Assistant Directors of Nursing Sheila Kenny and Carle MacDonald will continue to serve with Anna as part of the nursing division leadership.

The Commission is invited to join the Department in honoring retiring Director of Nursing, Virginia Leishman, at a farewell reception September 24 from 3:30 - 5:30 p.m. in Gerald Simon Auditorium. In addition, we would be pleased if you participated in Virginia's retirement dinner October 3rd at the Irish Cultural Center.

Diversion Statistics
Critical Care Diversion for the period September 1 through 14, 1997 is as follows: Critical Care diverted for 26% or 89 hours and 5 minutes. The Emergency Department diverted for 7.7% or 25 hours and 50 minutes.

The Department recognizes the seriousness of being on diversion for this large a proportion of hours. It has occurred due to a very high census coupled with a shortage of critical care nurses. The issue has been discussed at SFGH Joint Conference and we will be implementing plans to reduce diversion immediately.

PUBLIC HEALTH

New England Journal of Medicine Editorial Advocates Mandatory HIV Reporting

Last week an editorial written by Robert Steinbrook, M.D., in the New England Journal of Medicine advocated for mandatory HIV reporting. This issue has been discussed in the public health community for many years. In fact, this Commission discussed the issue approximately four years ago and advocated a policy opposing mandatory HIV reporting. Our reasoning at the time was the very real concern about confidentiality and the possibility that some persons would avoid HIV testing if they knew that their names would be reported to the Health Department, made it unwise to support HIV reporting. While there remain concerns about confidentiality and avoidance of testing, the availability of highly effective anti-retroviral treatment has raised this issue again. With highly effective HIV treatment it becomes especially important to assure that HIV-infected persons are receiving treatment. Many public health advocates believe that HIV reporting will make it easier to assure treatment for persons who are infected.

A second reason that some advocates are recommending mandatory HIV reporting is that AIDS surveillance no longer reflects the HIV epidemic because the new treatments significantly reduce the number of HIV infected persons who develop AIDS. AIDS reporting has been valuable for our health planning purposes and also for advocating for funding from the Federal Government. It is interesting to note that the media attention was focused on Dr. Steinbrook's recommendation of mandatory HIV reporting. In fact, in his editorial he advocates for a comprehensive strategy for increasing the proportion of HIV infected persons who are receiving treatment. The other strategies which included fuller access to treatment and wider availability of testing are much more likely to result in increased treatment than HIV reporting. Nonetheless, because the current AIDS surveillance system is inadequate for planning purposes, the Department will schedule a broader policy review with the Commission regarding HIV reporting. Circumstances have changed, in some ways, since our earlier policy statement. On the other hand, concerns about confidentiality and access to testing remain. We will need to craft a policy that takes into account these changes in the HIV epidemic.

Condoms and Alternative HIV Prevention Strategies

The AIDS Research Section of the Health and Safety Branch of the San Francisco Department of Public Health is pleased to announce that we have been awarded a three-year cooperative agreement from the Centers for Disease Control and Prevention to study knowledge, proper use, and attitudes towards male condoms and alternative prevention strategies among men who have sex with men (MSM) in San Francisco. Funding for the first year of the project entitled "Condoms and Alternative HIV Prevention Strategies" is approximately $310,000. We plan to evaluate the impact of breakthroughs in treatment (use of combination therapy, viral load measurements) and prevention (genes found to be associated with protection from infection, recommendations for post-exposure prophylaxis in health care settings, development and testing of new vaccines, information about risk of oral sex) on self-perceived risk and risk behavior among high risk HIV-infected and -uninfected MSM, and to evaluate the use of male condoms, female condoms, microbicides, and post-exposure prophylaxis among these men. This award will enable the Department to evaluate, in particular, the impact of complex prevention messages which integrate information about several different prevention strategies on the use of those strategies.

Reports of Voter Fraud in Most Recent Election

At our last Commission meeting, I reported to you that there were several newspaper reports concerning the possibility of voter fraud in the last election. One of the concerns was that persons who had died may not have been removed from the voter rolls. This sets up the possibility that other persons could attempt to vote for the deceased persons.

I am happy to report that our Records and Statistics Unit has conducted a match of deceased persons in San Francisco with the voter rolls from the Registrar of Voters. This match identified less than 10 possible votes that could have been cast in the place of deceased persons. In reviewing these individual cases with the Registrar of Voters, it appears that several of these cases are explainable due to clerical errors. The clerical errors occur because an actual voter is checked off incorrectly on the voter rolls. No further developments are expected on this issue.

Settlement on Joe Camel

A historic settlement was announced September 9 by City Attorney Louise Renee of a lawsuit credited by R. J. Reynolds with ending the Joe Camel campaign. The lawsuit was originally filed in 1991 by Janet Mangini, a San Francisco attorney, who accused the tobacco company of violating State law by unfairly marketing to minors through the Joe Camel advertising campaign. In March of 1997, the City and County of San Francisco intervened in the case and took on the role of lead plaintiff in the lawsuit, which was also joined by Los Angeles, San Jose and eleven other counties representing nearly half the population of the State.

This lawsuit represents the first time any local government has recovered against the tobacco industry. The settlement consists of:

- An agreement to the first court order banning the Joe Camel ads in California, including national magazines distributed in California.
- The release of Joe Camel marketing documents.
- Funding advertising and education campaigns to prevent minors from smoking. San Francisco City and County will receive $1.5 million for such a campaign.

Medi-Cal Specialty Mental Health Services Consolidation Waiver

The Health Care Financing Administration approved California's Medi-Cal Specialty Mental Health Services Consolidation Waiver September 5. The waiver, which allows mental health services to be delivered through a single entity in each county, will be effective for two years and then must be renewed. The waiver approval is contingent upon several factors including the establishment of State systems to monitor cost effectiveness of the program. The approval of the waiver means that California Counties, including San Francisco, will be able to implement their mental health managed care plans over the next several months. The DPH Division of Mental Health plans to initiate operations of the San Francisco Mental Health Plan on January 1.

Hazardous Materials Unified Program Agency (HMUPA)

During the last few weeks, staff from the Hazardous Materials Unified Program Agency (HMUPA) in Environmental Health Management have held a series of workshops for interested individuals regarding the proposed amendments to the Health Code to allow implementation of the State-required Unified Program Agency concept. As the result of invitations sent to 8,700 current or potentially regulated businesses, community groups, trade associations and other interested parties, approximately 200 people attended the Workshops.

During presentations by HMUPA staff as well as staff form the City Attorney's Office, attendees were informed about proposed regulatory changes that include a fee proposal for several hazardous materials programs such as Hazardous Materials Registration, Underground Storage Tank Permitting and Hazardous Waste Generation.

According to evaluation forms returned by the attendees, the response to the workshops was positive and a majority of attendees expressed interest in attending other workshops presented by program staff regarding other HMUPA compliance issues.

August statistics are available in the Commission Office.

SAN FRANCISCO GENERAL HOSPITAL
CREDENTIALS REPORT
August 1997

	APPOINTMENTS		REAPPOINTMENTS	
	Medical Staff	Affiliate Staff	Medical Staff	Affiliate Staff
Active	7		8	
Courtesy	12		8	
Courtesy w/o Privileges	2			
Associate	1		0	
Totals:	22	9	16	2
Resignations	6			
Applications	75			

President Chow stated that at a recent national conference on Asian/Pacific Islanders' health issues; results of a study on the health needs of the San Francisco Chinese Community showed that elder abuse and child abuse were on the rise. He requested the Department to obtain a copy of this report and look at potential prevention opportunities.

For comparison purposes, Commissioner Barnes requested expanded statistics of SFGH in the Director's Report (i.e., month-to-month, year-to-date statistics) and to break out med surg and critical care statistics.

Commissioner Guy inquired about the amount of funds needed and/or allocated for prenatal care for undocumented women.

President Chow requested a presentation on Mental Health Consolidation to the full Commission.

Commissioner Hill inquired a bout the Department relooking at the present policy on HIV reporting.

President Chow requested the Commissioners receive a copy of the Commission's current policy on HIV reporting and a copy of the recent New England Journal of Medicine editorial.

Commissioner Sanchez encouraged the Department's Planning Division to link up with the various existing private foundation collaborations.

5) PRESENTATION OF DEPARTMENTAL OPTIONS FOR PREPARING A RESPONSE TO THE 1115 WAIVER

Tangerine Brigham, Director of Policy and Planning, presented a report designed to provide the Health Commission with information on developing a Medicaid waiver demonstration project for the City and County of San Francisco. It must be noted that the Department has not yet done any extensive planning, internally or externally, on the development of a Medicaid demonstration project. The goal of the report is to provide a background briefly, which will enable the Health Commission to provide guidance to the Department on how it should proceed with a planning effort.

The report includes: (1) a description of 1115 Waivers generally, (2) description of how such a waiver might assist San Francisco in strengthening its delivery system, and (3) options on potential planning structures to develop an 1115 Waiver. The Department is presenting this information to provide the Health Commission with the full range of options available.

The Department requested the Commissioners to express their concerns, opinions, and policy issues for the 1115 Waiver. The Department will come back to the Commission for its consideration on any proposed policy directions.

For a copy of the report (Medicaid Demonstration Project, 1115 Waiver, Planning), contact the Commission Office (554-2666).

Ms. Brigham highlighted the current planning efforts: long-term care planning, primary care access, universal health care coverage, and MediCal managed care. All of these separate planning efforts could be incorporated into a planning effort for an 1115 Waiver process.

Public Speakers: Betty Pollack, Executive Director, S.F. Medical Society
John Gressman, S.F. Community Clinic Consortium
Nathan Nayman, Hospital Council

Commissioners' Comments:

- the 1115 waiver will address a policy direction, the fiduciary responsibilities and governance issues.
- the planning process should be inclusive, including the Commission, senior Department of Public Health managers, legal expertise, the community, and other expertise needed to craft the 1115 Waiver.
- important to have more discussions among the stakeholders and promote self-education along the way.
- are there other options to the 1115 Waiver?

- the Commission should have representation on the planning groups but not as an ex-officio without a vote
- there is a need to identify the stakeholders, to determine the staffing, and to determine which waivers are needed
- there is support for expansion of the goals
- each existing planning body should be asked to provide input into the development of the 115 Waiver
- it was recommended to look at private foundations with senior management resources
- it was recommended to look at the existing planning model that was used in the Emergency Medical Services Reconfiguration.

Dr. Katz stated that the Department will bring back a plan for the development of the 1115 Waiver. Any potential policy issues regarding the 1115 waiver will come before the Commission for consideration.

6) PRESENTATION OF THE STATE CHILDREN'S HEALTH INITIATIVE

Tangerine Brigham, Director of Policy and Planning, presented a summary of the State's Healthy Families Program, including the known impacts of the State's program on the Department's Public Health Division and the Community Health Network. For a copy of the full report, contact the Commission Office (554-2666).

Ms. Brigham gave background information:

In August 1997, the President authorized the creation of the State Children's Health Insurance Program. This ten-year, $47 billion program, provides health care coverage to low income uninsured children (below 200% of poverty).

Under the program, States have three options: (1) expand Medicaid coverage, (2) create a new State insurance program, or (3) do some combination of both. The Federal program does not create a Federal individual entitlement program. While providing States flexibility on how to expand coverage, the Federal Government did specify benchmarks on benefits and services to be provided. California is required to contribute 35% of the funding for this program. In order to capture Federal funding under this program, States must submit plans to cover this population.

In response to the Federal provision, the State is developing the Healthy Families Program. While the program has changed in key areas from my last Director's Report, it is still premised on providing health care coverage to children through private sector health plans. The Governor has not been supportive of large expansions of any entitlement programs. As a result, the proposed Healthy Families Program does not constitute a new entitlement.

As proposed, the Healthy Families Program would be administered by the California Managed Risk Medical Insurance Board (MRMIB). The legislation also proposes streamlining the Medi-Cal application process.

Ms. Brigham gave an overview of the key provisions of the program, including the program design, eligibility, financing, scope of services, the provider network, and outreach and education.

Ms. Brigham also reviewed the planning efforts in San Francisco:

Internally, the Department will create a planning group to look at the various policy and implementation issues surrounding the provision of health insurance to this population. The group will be comprised of representatives from Central Administration, the Community Health Network, and the Public Health the Division. The Department will also work in concert with other community-based providers, consumers, health advocates, health plans and the Department of Human Services, as this program is implemented.

Prior to the release of the State's Plan, some San Francisco groups were exploring options to expand coverage to children. During the U.S. Conference of Mayors, Kaiser Health Plan announced that it would develop a plan to provide coverage to 50,000 uninsured children. The Chamber of Commerce was exploring the possibility of creating a children-only insurance product that used schools to identify the uninsured. Finally, the Mayor's Blue Ribbon Committee is developing options to cover the uninsured, both children and adults. All of these entities are reexamining their proposals in light of the Healthy Families Program. It is quite conceivable that each of these entities may decide to limit a child's eligibility to only those children who are 200% of poverty and above. This may be appropriate given that children under 200% will obtain health care coverage through either Medi-Cal of Healthy Families.

Ms. Brigham will bring future updates to the Commission.

7) CHILDHOOD LEAD PREVENTION PROGRAM

Karen Cohn, Director of the Childhood Lead Prevention Program, provided the following background information on the two proposed lead ordinances:

Safe Work Practices on Practices on Exterior Lead-Based Paint

This ordinance deals with safe work practices on exterior lead-based paint. This legislation is the culmination of a year's work by staff of the Childhood Lead Prevention Program (CLPP), the Department of Building Inspection (DBI), and the Lead Hazard Reduction Citizens Advisory Committee. It addresses a significant preventable lead source in San Francisco's environment, the uncontrolled disturbance and removal of exterior lead-based paint.

In a city with 68% of the housing stock built before 1950, (and 94% before 1980), it can be assumed that the majority of building exteriors have layers of lead-based paint, either as surface layers or underneath non-lead paints. DPH case investigations have measured exterior paints with lead content as high as 49% lead. Fifty percent of the DPH exterior paint samples were *greater than* 81,400 parts per million (or 8% lead, sixteen times the definition of lead-based paint. The close proximity of buildings to one another, along with the small lot size typical of many residential buildings, increases the risk of contamination of adjacent properties by lead paint dust and debris.

Based on our Department's ten-year experience with these concerns from public callers, CLPP staff prepared the first draft of this ordinance which then became the basis of discussion within the Citizen Advisory Committee. The ordinance allows for property owners and contractors to come up with their own methods of containment and prevention of migrating contaminants. Similarly, the clean-up standard is based on visual assessment, rather than complicated sampling requirements. Following this practical approach, it was relatively easy to build consensus for the final draft in the Citizen Advisory Committee.

CLPP also met on several occasions with DBI management and the City Attorney to clarify potential enforcement issues and responsibilities. As a result, DBI will be the lead enforcement agency for this regulation, and CLPP will provide consultation and support in the first year of the regulation's implementation.

Proposed Modification of Health Code Article 26, Section 1625

Health Code Section 1625 instructs the Director of Health to: "Identify all non-housing sites in the City which are likely to expose children to lead hazards, to be known as lead hazard sites. The Director shall provide public notice of each lead hazard site to the community in which the site is located and develop a plan to reduce the risk of childhood lead poisoning at these sites."

Significant steps have been made towards site identification since 1995. Initial efforts were concentrated in the Bayview Hunters Point area, where most of the abandoned commercial properties are located adjacent to residential properties (as stipulated in Health Code Section 1624). As a pilot project, the San Francisco League of Urban Gardeners (SLUG) was contracted to survey the Bayview Hunters Point District and visually assess all open lots to determine if the lots were child-accessible. SLUG identified 77 such sites in the Bayview and provided CLPP the database to map addresses and identify property owners.

The Department was successful in identifying these potential problem sites, but encountered legal obstacles when attempting to access private. DPH was not allowed to conduct soil tests without the prior permission of the property owner. Many property owners refused to grant access to their property for testing.

The modifications to Section 1625, drafted by the City Attorney, give the Director greater authority to implement the original intention of the legislation: decreasing the possibility of childhood lead exposure by barring access to or remediating contaminated areas.

When a property has been identified as problematic, either by the Director, or through a citizen complaint process, the new provisions give property owners 60 days to comply using any of the following options:

- permit the Director to enter the site and test the topsoil for lead;
- provide testing results to the Director from an accredited laboratory;
- prevent access to the property be fencing; or
- permanently remediate the lead hazards present in the accessible bare soil.

These draft modifications were shared with the Commission in May 1997, and were endorsed by the Lead Poisoning Prevention Citizens Advisory Committee in June 1997.

Public Speaker: Neil Gendel, Lead Hazard Reduction, CAC

Commissioner Parker expressed his concern that information and education to the public needs to be included in the implementation of these ordinances.

Commissioner Barnes encouraged the Department to send out a press release on the Health Commission's actions on these ordinances.

Dr. Katz stated that the staff of the Department of Public Health will be discussing implementation with staff of the Department of Building Inspection.

President Chow requested a letter from the Health Commission be sent to the Building Inspection Commission stating concerns on the information and education needed to be disseminated to appropriate members of the public

A) CONSIDERATION OF AN ORDINANCE ESTABLISHING A REGULATION REGARDING SAFE WORK PRACTICES DURING EXTERIOR PAINTING

Note: Commissioners Monfredini and Sanchez left the meeting.

Action Taken: The Commission (Chow, Barnes, Guy, Hill, Parker) adopted the ordinance establishing a regulation regarding safe work practices during exterior painting.

B) CONSIDERATION OF A REVISION TO HEALTH CODE, ARTICLE 26, SECTION 1625, GIVING THE DEPARTMENT OF PUBLIC HEALTH AUTHORITY TO TAKE SOIL SAMPLES ON PRIVATE NON-RESIDENTIAL PROPERTY OR FOR OTHER REQUIRED OWNER OPTIONS

Action Taken: The Commission (Chow, Barnes, Guy, Hill, Parker) adopted the revisions to Health Code, Article 26, Section 1625, Giving the Department of Public Health Authority to Take Soil Samples on Private Non-Residential Property or for Other required Owner Options.

Note: Commissioner Barnes left the meeting.

8) PRESENTATION AND CONSIDERATION OF A RESOLUTION FOR A NEW GRANT-FUNDED INITIATIVE, SPONSORED BY THE SAN FRANCISCO STATE UNIVERSITY IN COLLABORATION WITH THE DEPARTMENT OF PUBLIC HEALTH, FOR A MASTERS IN PUBLIC HEALTH DEGREE PROGRAM

Bob Prentice, Ph.D., Director of the Public Health Division, introduced Mary Beth Love, Ph.D., Chair of the Department of Health Education at San Francisco State University.

Dr. Prentice provided the following background information:

San Francisco State University has been awarded a prestigious grant from the Fund for the Improvement of Post-Secondary Education (FIPSE) based on a proposal to formalize a collaboration with the San Francisco Department of Public Health. The project envisions a Masters in Public Health curriculum using department facilities for seminars, department programs for research and internships and department staff as adjunct faculty. In return, San Francisco State faculty will participate in key public health initiatives under the auspices of the department, and students will serve their internships in settings that promote program goals. The intent of this collaboration is to dissolve the boundaries between professional training and public health practice.

Dr. Love gave an overview of the collaboration which has two goals:
A **primary goal** is to redesign five core public health competency courses, (Needs Assessment, Community Organization, Program Planning, Program Evaluation and Health Administration), to incorporate the use of case studies/problem based learning to enhance student problem-solving skills and practice labs to provide "hands on" experience in linking theory with practice.

The **second goal** is to foster a teaching/learning environment for public health practitioners at SFDPH through the development of continuing education activities for SFDPH staff including: collaboration in curriculum development, preceptorship training, the option to audit SFSU classes, an urban health seminar series, guest lecturing and opportunities to serve as adjunct faculty at SFSU.

Dr. Love also described the Practice Labs, the Case Study Collaborative, the Urban Health Seminar Series, the Guest Lecturing and Adjunct Faculty Status, and the Evaluation Component.

The Commission was presented with a proposed resolution (Attachment A). Due to a lack of a quorum for voting on the proposed resolution, this proposed resolution will be recalendared for the October 7 Commission meeting.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

The meeting was adjourned at 6:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

PROPOSED RESOLUTION

ENDORSING THE DEPARTMENT OF PUBLIC HEALTH'S COLLABORATION IN A NEW MASTERS OF PUBLIC HEALTH PROGRAM AT SAN FRANCISCO STATE UNIVERSITY

WHEREAS, San Francisco State University has requested and has received approval to begin a new Masters of Public Health Program in the Fall of 1998; and,

WHEREAS, the Masters of Public Health Program envisions a collaboration with the San Francisco Department of Public Health in both the teaching of students and in the conduct of public health initiatives; and,

WHEREAS, this collaboration in the new Masters of Public Health Program encourages a merging of aspects of public health practice with the training of public health professionals; and,

WHEREAS, the diverse study body at San Francisco State University includes many people who come from the communities served by the Department and who will have opportunities to serve those communities in a professional capacity, thereby, further supporting the Department's broad public health mission; and,

WHEREAS, this innovative collaboration has been awarded a prestigious Fund for the Improvement of Post-Secondary Education (FIPSE) grant, which will give it national prominence as a model for urban graduate education in public health; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby determine that the San Francisco Department of Public Health's collaboration in a Masters of Public Health Program at San Francisco State University is consistent with the mission of the Department of Public Health; and, be it

FURTHER RESOLVED, that the Health Commission of the City and County of San Francisco endorses the Department of Public Health's collaboration in a Masters of Public Health Program at San Francisco State University.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

/97

AGENDA

HEALTH COMMISSION MEETING

October 7, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
OCT 06 1997
SAN FRANCISCO
PUBLIC LIBRARY

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 16, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) **Central Administration** - Agreement between the City and County of San Francisco, Kaiser Foundation Health Plan, Inc. and PM Squared, Inc., for the disclosure of data in connection with the work of the Mayor's Blue Ribbon Committee on Universal Health Care, including confidentiality, indemnification and arbitration clauses.

(3.2) **Central Administration** - Acceptance of a gift from the California Healthcare Foundation with a value of $60,000 for data analysis services to be performed by PM Squared, Inc. in connection with the work of the Mayor's Blue Ribbon Committee on Universal Health Care.

(3.3) **Central Administration** - Contract renewal with Managed Care Solutions, Inc. (MCS), in the amount of $190,000 to provide fiscal intermediary services for the FY 1997-98 CHIP Program, for the period of November 15, 1997 through March 31, 1999. (DPH contracted with MCS for services totaling $190,000 during FY 1996-97).

(3.4) **PH --Maternal, Child, Adolescent Services -** Approval of a resolution authorizing the Department of Public Health to apply for, accept and expend a grant in the amount of $169,171 from the State of California Department of Health Services, WIC Branch, for various smoking cessation services, targeting pregnant women and women with young children, for the period of October 1, 1997 through September 30, 1999.

(3.5) **PH - Substance Abuse -** Retroactive multiyear contract renewal with Morrisania West, Inc. (MW), in the amount of $430,061 per year, for four years, to provide substance abuse day treatment services to youth for the period of July 1, 1997 through June 30, 2001. (DPH contracted with MW for services totaling $430,387 during FY 1996-97).

(3.6) **PH - Substance Abuse -** Retroactive contract renewal with Potrero Hill Neighborhood House, Inc. (PHNH), in the amount of $265,850 per year to provide substance abuse day treatment services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with PHNH for services totaling $266,113 during FY 1996-97).

(3.7) **PH - Mental Health -** Retroactive approval and contract renewal with Conard House, Inc. (CH), in the amount of $3,163,098 per year to provide residential hotel supported-housing programs, outpatient services and vocational training programs to San Francisco residents for the period of July 1, 1997 through June 30, 2001. (DPH contracted with CH for services totaling $2,934,182 during FY 1996-97).

(3.8) **PH - Mental Health -** Retroactive contract renewal with Seneca Center in the amount of $1,712,577 to provide an alternative unlocked treatment unit and a locked sub-acute treatment unit for adolescents for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Seneca for services totaling $604,545 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **CONSIDERATION OF A RESOLUTION FOR A NEW GRANT-FUNDED INITIATIVE, SPONSORED BY THE SAN FRANCISCO STATE UNIVERSITY IN COLLABORATION WITH THE DEPARTMENT OF PUBLIC HEALTH, FOR A MASTERS IN PUBLIC HEALTH DEGREE PROGRAM**

6) **PRESENTATION OF THE 1996-97 YEAR-END FINANCIAL REPORT FOR THE DEPARTMENT OF PUBLIC HEALTH**

7) **CONSIDERATION OF DEPARTMENT OF PUBLIC HEALTH CONTRACT POLICIES RELATING TO CONTRACT MODIFICATIONS AND MERIT INCREASES**

   A) **CONSIDERATION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S POLICY ON CONTRACT MODIFICATIONS**

   B) **CONSIDERATION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S GUIDELINES PERTAINING TO GRANTING MERIT INCREASES TO CONTRACTORS**

8) CONSIDERATION OF A RESOLUTION COMMEMORATING OCTOBER AS DOMESTIC VIOLENCE PREVENTION MONTH

9) CONSIDERATION OF A RESOLUTION COMMEMORATING OCTOBER AS BREAST CANCER AWARENESS MONTH

10) PRESENTATION OF THE EXPANSION OF THE DEPARTMENT OF PUBLIC HEALTH HOME HEALTH AGENCY

11) OTHER BUSINESS/PUBLIC COMMENTS*

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

/97

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, October 7, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.
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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Lee Ann Monfredini, at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W.

2) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 16, 1997

Action Taken: The Commission unanimously adopted the minutes of September 16, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) **Central Administration** - Agreement between the City and County of San Francisco, Kaiser Foundation Health Plan, Inc. and PM Squared, Inc., for the disclosure of data in connection with the work of the Mayor's Blue Ribbon Committee on Universal Health Care, including confidentiality, indemnification and arbitration clauses.

(3.2) **Central Administration** - Acceptance of a gift from the California Healthcare Foundation with a value of $62,000 for data analysis services to be performed by PM Squared, Inc..in connection with the work of the Mayor's Blue Ribbon Committee on Universal Health Care.

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> The contractor requested 30 more days to submit its demographics on sexual orientation. Commissioner Monfredini requested a letter to the Commission be submitted in 30 days.
>
> Commissioner Barnes and Commissioner Monfredini commented that the Board of Directors, with a present membership of seven, needs to consider increasing the total number, given the size of the agency's budget.

(3.8) **PH - Mental Health -** Retroactive contract renewal with Seneca Center in the amount of $1,712,577 to provide an alternative unlocked treatment unit and a locked sub-acute treatment unit for adolescents for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Seneca for services totaling $604,545 during FY 1996-97).

> Jo Ruffin, Deputy Director of Health for Mental Health Services, reported the goal is to start the locked subacute treatment program in February 1998. The Division of Mental Health is responsible for management and compliance issues. Seneca will be operating on the license of SFGH pursuant to a tripartite agreement with Seneca, SFGH, and the Mental Health Division.
>
> Commissioner Sanchez raised issues of security and the use of the SFGH Institutional Police.
>
> Commissioner Monfredini commented on the present Board membership of six being too small.

Commissioner Barnes stated the Program Board Committee, which is advisory to the Board, is not acceptable for Board compliance to the Commission's policy. She recommended that an expansion of the Board membership could be used as an opportunity to come into compliance with the policy.

Commissioner Sanchez emphasized the importance of achieving cultural competency on the Board and staff.

Commissioner Monfredini requested the contractor come back to the Budget Committee at the first meeting in January 1998, to provide an update on progress towards compliance on the Board and staff composition.

Action Taken:	The Commission unanimously approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Richard Cordova, Executive Administrator SFGH and CHN)

ADMINISTRATION

Prenatal Care for Undocumented Residents

The Court hearing eliminating State-funded prenatal care for undocumented residents has been postponed from October 22, 1997 to late November 1997. The State agreed to postpone implementation of the regulations for one month, until December 1, 1997 for new applicants, and until January 1, 1998 for current beneficiaries. It is possible the implementation dates could be postponed again, depending on how the lawsuit progresses. A Department committee is continuing to meet to plan for continuation of these services upon State termination.

Long-Term Care Community Forums

The Long-Term Care Pilot Project Task Force held its first community forum on Wednesday, October 1, 1997 at the Recreation Center for the Handicapped. The Task Force will hold five forums which are designed to obtain input from long-term care consumers, family caregivers, and advocates.

Approximately 45 consumers and family caregivers were in attendance and a number of individuals provided testimony. The concerns raised by those present included:

- affordability of long-term care services;
- transportation;
- the lack of facilities for younger physically disabled and/or developmentally disabled adults; and
- inadequate staff training in some residential care facilities.

In addition, discussions focused on the benefits of providing home health care in residential care facilities, the importance of adult day health care, the value of senior centers and the role of Senior Centrals as a source of information and referral.

The four remaining community forums will take place during the month of October, and will be held in the following locations:

Mission (for Mission, Bernal Heights)	Horace Mann Middle School 3351- 23 St. at Valencia	Thursday, October 9, 1997 2:00 p.m. to 5:00 p.m.
Bayview Hunters Point (for Bayview Hunters Point, Visitation Vall, Excelsior, Portola)	Southeast Community College 1800 Oakdale Avenue at Phelps	Tuesday, October 14, 1997 2:00 p.m. to 5:00 p.m.
Western Addition (for Western Addition, Inner Richmond, Marina)	Rosa Parks Senior Apartments 1251 Turk Street at Webster	Thursday, October 16, 1997 2:00 p.m. to 5:00 p.m.
Central City (for Central City, North & South of Market, North Beach, Chinatown)	Pacific Bell Conference Room 666 Folsom @ Third Street	Friday, October 17, 1997 2:00 p.m. to 5:00 p.m.

Naturalization Training

On September 17, 1997 the Department hosted a training on the preparation of disability waivers for persons applying for naturalization to its community providers. Many applicants are unable to fulfill the English and Civics requirements due to mental or physical disabilities. These applicants are eligible to have the requirements waived, but the INS denies waiver applications if they are not properly prepared.

Although the federal Balanced Budget Act of 1997 restored benefits for many lawful permanent residents, the City and County of San Francisco is still coordinating a city-wide effort to help residents obtain citizenship. This is an important effort because: (1) some people will lose benefits if they do not become citizens and (2) efforts to cut off benefits at State and federal levels may be revived in future years.

Over sixty participants attended the training to learn how to prepare the forms and become part of a referral network for applicants in need of waivers. The training was well-received, and was video-taped by the State Bar of California for use to train additional providers in San Francisco and throughout Northern California.

Dr. Barry Zevin, Medical Director of the Tom Waddell Health Center, Dr. Wing H. Yeung, Attending Psychiatrist at Richmond Area Multi-Services, Inc. conducted the training, which was co-sponsored by the Asian Law Caucus, the Northern California Citizenship Project, the San Francisco Naturalization Project, and the Volunteer Legal Services Program of the Bar Association of San Francisco. We would like to acknowledge the work of Patricia Dunn from the Office of Policy and Planning who coordinated the training, and Dr. Tina Yee from Mental Health Services who assisted with ensuring that mental health concerns were addressed.

COMMUNITY HEALTH NETWORK

AB 768 is Signed

Governor Wilson signed AB 768, the Disproportionate Share Hospital (DSH) bill sponsored by the California Association of Public Hospitals (CAPH) and negotiated with the Private Essential Access Community Hospitals (PEACH). This bill allows the State of California to maximize Federal DSH funds for two federal fiscal years ending September 30, 1997 and 1998. The State Medi-Cal Plan will now be amended and the additional amounts which will come to SFGH will be calculated by the State after the Health Care financing Administration (HCFA) approves the Plan Amendment.

SFGH is working on preliminary estimates and will present these amount to the City Controller for certification as new revenue for the current fiscal year.

Adult Day Health Center (ADHC) Hosts First Annual Olympic Games

The LHH Adult Day Health Center held its First Annual Olympic Games on October 1st. The goal of the games was to provide functional activities in an event to encourage the participant's socialization, enhance their self-esteem, and maintain their gross motor cognitive functioning. The games were designed to maximize client participation so that everyone, regardless of disability, could successfully complete each event. Seventy-four frail elders and disabled adults attended the games, 93% participated in at least one event. The ADHC received assistance from community volunteers, students from San Francisco State University's Gerontology Program, and Occupational Therapy interns and volunteers from Laguna Honda Hospital. Nanette Lipton, the ADHC Occupational Therapist, designed and coordinated the event with assistance from all ADHC staff.

West Bay Hospital Conference

Recently Tony Wagner was elected as Chair-elect of the San Francisco Section of the West Bay Hospital Conference and President Elect of the West Bay Hospital Conference for 1998-1999. He will become President in 2000.

Critical Care Diversion

Critical care diversion was 149 hours or 20.7%. The average San Francisco General Hospital diversion in the City year-to-date is the second lowest of all San Francisco hospitals.

Total diversion (diverting all non-trauma patients from the Emergency Department) was 70 hours 25 minutes or 9.78%.

Many issues contributed to the diversion rates in September. Inpatient acute census continues to be 20 patients over the newly budgeted census (185). Frequently in September all available beds in the Medical/Surgical Units were filled. This caused back up in both the Emergency Department and in Critical Care. The cause of the continued increase in census is not readily apparent. All common admitting diagnoses have gradually increased and do not reflect any specific trends.

Critical care diversion for the month of September was 20.7% with an average daily census of 22.3. Critical care currently only has available staffing for 23 beds. Last year in September, the average daily census was 17 and our diversion was 2%. The recruiting and hiring process is a major priority.

Emergency Department diversion as mentioned was caused by problems in inpatient bed availability and an increase in census by 10% over last year, resulting in a decrease in Emergency Department capacity.

The Medical Staff, under Chief of Staff Robert MacKersie, M.D., will be chairing a task force to address the physician's role in making changes that could improve patient flow with SFGH Administration. Also, hiring of clinical staff in all areas of the Emergency Department and Inpatient will continue to be a priority.

PUBLIC HEALTH

Administration

Bob Prentice has been accepted into the 1997-98 Scholars Program funded by the Centers for Disease Control and Prevention and administered through the Public Health Leadership Institute. The Scholars Program invites public health professionals from state, tribal and local health departments around the nation, as well as federal public health agencies, to participate in colloquia and in telephone conferences to better understand and guide directions in public health. It is an exciting opportunity to learn from colleagues facing many of the same public health policy challenges in a variety of different settings.

Resignation

I very much regret to inform you that Keith Hearle, Chief of Finance and Operations for the Public Health Division, has announced that he will be leaving the Department effective October 17 to accept a position in the private sector. During his tenure here, Keith has been highly regarded for his expertise in finance, which he used ably to help design a managed care system for mental health, analyze hospital finances for potential acquisition, develop a model for financing universal coverage and place the fiscal operations of the Public Health Division on solid footing. He will be sorely missed. We all wish him the best of luck in his new position.

Tobacco Free Project

Darlene Bahrs, Program Director of the Tobacco Free Project's Smoking Cessation Services, was a delegate at the 10th World Conference on Tobacco or Health, held in Beijing, China. Delegates from over 130 countries attended the five-day conference, where they heard presentations on the latest developments in tobacco prevention and control initiatives. There was a particular interest in the status of the pending settlement between the States Attorneys General and the tobacco industry. The conference closed with several resolutions aimed at curtailing the global impact of the tobacco industry.

South of Market Relocation Update

In light of the contentious hearing that was held before this Health Commission regarding the relocation of the South of Market Mental Health Clinic, we are pleased to report that, since the clinic moved to its new location at 760 Harrison in July, there appears to be no evidence to confirm the fears expressed by some of the neighbors. Staff have continued to visit neighbors in efforts to keep open the communications consistent with the spirit of our Good Neighbor Policy. In general, the clinic appears to be functioning with little disruption to the community and is gaining increasing acceptance. As we would expect, the police report no increase in crimes. The program has offered a staff member to be assigned to a nearby senior meals program to allay fears that the meals program participants would be disturbed by clinic clients.

Vaccine Trial

On September 16, 1997, research to find an HIV vaccine moved one step closer here in San Francisco. The first volunteer has entered the Research Section's Phase II trial of two HIV vaccine products, ALVAC/vCP205 (manufactured by Pasteur Merieux Connaught) and gp120 (manufactured by Chiron). Twenty-nine more people will enter this trial in San Francisco, and a total of 420 will enroll at other vaccine research sites around the nation. So far, 120 people nationally have begun the schedule of injections of either vaccine or placebo in this double-blinded study. The study will collect further safety data and help determine whether these vaccines induce cellular and blood-based immune responses that might help protect HIV-uninfected people from infection with HIV.

This is only the second time that HIV vaccines have made it to the Phase II trial stage. We hope that this will be the first step towards an unprecedented Phase III efficacy trial, in which hundreds of people would enroll in San Francisco, and thousands would enroll across the nation. Such a trial would most likely take place in early 1999, if results from this Phase II trial are promising. A Phase III trial would show whether the immune responses induced by these vaccines would actually provide protection against HIV infection.

HIV Testing - City College

On October 8, the Finance Committee of the Board of Supervisor will consider an ordinance, requested by Supervisor Ammiano, appropriating $35,000 from the City's General Fund to the Department of Public Health (AIDS) to provide HIV counseling and testing services at the San Francisco Community College District. The appropriation will fund counseling services provided by a Disease Control Investigator (0.9 FTE) as well as materials and supplies for testing services.

Ergonomic Awareness Training Program

On September 9, 1997, the Occupational Safety and Health (OSH) Section kicked off an Ergonomic Awareness Training Program for 1400 Department of Human Services (DHS) employees. The training program was requested by DHS Administration to address DHS employee interest regarding potential health effects associated with the computerized office environment, preventing injuries through proper workstation set-up and how to apply simple exercises and stretches to reduce muscular stress. The OSH Section also worked with DHS Administration in the development of a written policy that outlines the methods and procedures the Department will adopt to address future ergonomic issues. Provision of Ergonomics training for employees is a requirement under the new Cal-OSHA Ergonomics Standard as well as the San Francisco Video Display Terminal Ordinance. The classes have been well received by DHS staff with the most frequent comments being that the classes should be longer than two hours. Training classes at DHS will continue through the end of November.

5) CONSIDERATION OF A RESOLUTION FOR A NEW GRANT-FUNDED INITIATIVE, SPONSORED BY THE SAN FRANCISCO STATE UNIVERSITY IN COLLABORATION WITH THE DEPARTMENT OF PUBLIC HEALTH, FOR A MASTERS IN PUBLIC HEALTH DEGREE PROGRAM

This item was recalendared from the September 16, 1997 agenda due to a lack of a quorum for this item.

Action Taken: The Commission unanimously adopted Resolution #20-97, "Endorsing the Department of Public Health's Collaboration in a New Masters of Public Health Program at San Francisco State University", (Attachment A).

6) PRESENTATION OF THE 1996-97 YEAR-END FINANCIAL REPORT FOR THE DEPARTMENT OF PUBLIC HEALTH

Monique Zmuda, Chief Finance Officer, presented the FY 1996-97 Revenues and Expenditures Report (see next page). Also included was a plan to settle the Department's prior years deficit for the periods FY 1990-91 through 1995-96.

Ms. Zmuda reported that a surplus of $10.4 million is projected for FY 96-97 based on actual expenditures and estimated revenues. This is a $8.5 million increase from the $1.9 million surplus reported to the Commission in June for the third quarter. This increase in surplus is mainly due to higher than anticipated revenues from Medi-Cal and Medicare billings resulting from increased utilization, and one time cost report settlements. In addition, there is a one time surplus from prior year work orders.

Projected FY 1996-97 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
CHN							
SFGH	$ 376,546,075	$ 379,768,494	$ 3,222,419	$ 376,546,075	$ 373,771,733	$ 2,774,342	$ 5,996,761
Laguna Honda	113,024,166	109,786,716	(3,237,450)	113,024,166	112,648,407	375,759	(2,861,691)
Primary Care	31,278,620	31,188,311	(90,309)	31,278,620	31,188,311	90,309	0
Forensics	19,633,871	19,633,871	0	19,633,871	19,633,871	0	0
CHN Subtotal	**540,482,732**	**540,377,392**	**(105,340)**	**540,482,732**	**537,242,322**	**3,240,410**	**3,135,070**
Public Health							
Central Admin	31,388,108	29,324,297	(2,063,811)	31,388,108	26,769,004	4,619,104	2,555,293
Community Health	43,737,155	40,760,319	(2,976,836)	43,737,155	39,780,501	3,956,654	979,818
Mental Health	127,393,521	122,840,289	(4,553,232)	127,393,521	120,989,414	6,404,107	1,850,875
Substance Abuse	30,785,737	31,563,536	777,799	30,785,737	29,669,698	1,116,039	1,893,838
PH Subtotal	**233,304,521**	**224,488,441**	**(8,816,080)**	**233,304,521**	**217,208,617**	**16,095,904**	**7,279,824**
DPH Total	**$773,787,253**	**$764,865,833**	**$ (8,921,420)**	**$773,787,253**	**$754,450,939**	**$ 19,336,314**	**$ 10,414,894**

Ms. Zmuda reported the following regarding prior years deficits:

As reported last year to the Commission, the Department of Public Health closed the FY 95-96 fiscal year with a deficit of approximately $11.3 million. This deficit was largely due to revenue that the Department was required to maintain on reserve for FQHC payments in that fiscal year and projected disallowances from Medicare audits for the prior periods. In addition, personnel expenditures for the Department exceeded the appropriation due to the higher than expected census at SFGH by year end.

Beyond the FY 1995-96 deficit, the Controller recently identified additional deficits from prior periods. This identification occurred when the Controller reconciled prior year fund balances in the City's new accounting system. The City's new accounting system carried forward deficits from prior fiscal years which does not reconcile to the financial statements of our two hospitals. At the FY 1995-96 year-end close, the Department, the Controller and the Mayor had agreed to complete all prior year analyses and offset cumulative prior year deficits with one time revenues.

Over the past month, the Controller's staff have worked with Department staff to reconcile prior year's financial statements to the actual budgets. Changes to City's new accounting system resulted in numerous changes in the way financial transactions are classified. As a result of the reconciliation process some financial transactions were reclassified as operating funds, thus increasing the deficit. Taken together, cumulative deficits for the Department of Public Health for the prior periods between FY 1990-91 through FY 1995-96 total $31.9 million.

The Controller and Department staff have come to final agreement on the FY 1996-97 surplus. Additionally, the Controller and Department staff propose to use one time surpluses from several revenue sources to offset prior year deficits. These sources include a reserve of $17.0 million for a settlement of a claim for reimbursement of mental health services provided to children and a $1.3 million payment anticipated for the settlement of a MAC claim. In addition, $1.5 million is expected to be forthcoming in the months ahead from revised prior year Medicare cost reports for SFGH psychiatric services. Finally, reductions of $1.7 million in division carry forward requests will eliminate prior year deficits.

The proposed plan to offset recently identified prior year deficits is as follows:

Cumulative Prior Year Deficit	$31.91 million
Less FY 1996-97 Surplus	(10.41) million
Less Reserve from Prior Periods	(17.00) million
Less MAC Settlement 1996-97	(1.33) million
Less TEFRA Medicare Prior Periods	(1.50) million
Less Reduction in Carry Forward Requests	(1. 67 million
Balance	$ 0.00

The Controller will complete these proposed adjustments within the next few weeks. In doing so, the City's Comprehensive Annual Financial Report will reflect a cumulative deficit of $0 for the Department of Public Health.

Regarding financial controls, Ms. Zmuda reported the following:

Department staff is working with the Controller to develop procedures to enhance financial controls. These controls will ensure that transactions are reviewed and approved throughout the fiscal year, rather than at year end. In addition, the Controller has modified the current system of accounts for DPH transactions to allow for separate reporting of selected revenue and expenditure transactions. This will improve the Department's ability to monitor complex transactions.

Department staff recommends that the following principles govern financial procedures over the coming year:

- Training for all Department financial staff on posting procedures for financial transactions in the City's new accounting system will occur in November 1997.
- Major financial transactions will be reviewed, monitored and approved quarterly by Division CFO's and Controller's staff;
- Revenues and expenditures will be accrued during the fiscal year to reflect anticipated year end adjustments, to the extent that these adjustments can be predicted This will enhance the Department's ability to project surpluses and deficits earlier in the fiscal year.
- Department staff will continue to monitor revenues and expenditures and to review financial indicators on a monthly basis and will report this information to the Commission Joint Conference Committees.

Department staff are committed to continue to balance the budget with existing resources and any new revenues identified in the coming year. The FY 1997-98 first quarter revenue and expenditure report will be presented the Commission in November.

Commissioner Barnes thanked Ms. Zmuda for a thorough and understandable report and expressed concern on uncollectible revenues, (i.e., environmental health fees) and its impact on the FY 1997-98 budget.

Commissioner Monfredini thanked Ms. Zmuda and the Division CFO's for their work.

Commissioner Sanchez expressed his support for the budget process, the quality of data provided, and the ability to maintain levels of care.

7) CONSIDERATION OF DEPARTMENT OF PUBLIC HEALTH CONTRACT POLICIES RELATING TO CONTRACT MODIFICATIONS AND MERIT INCREASES

A) CONSIDERATION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S POLICY ON CONTRACT MODIFICATIONS

Monique Zmuda, Chief Finance Officer, stated that the proposed policy will insure that the Department uses uniform practices to make changes to contracts. The proposed policy has been reviewed and approved by the City Attorney and is consistent with the City's ordinances and contract practices. Also, the Department has met with contractor associations and incorporated their input into the procedures.

The following is a summary of the proposed policy (the full policy is available from the Commission Office, 554-2666).

There are two ways to make contract changes: 1) Contract Modifications, and 2) Contract Revisions. Contract modifications are substantive in nature, and require formal approval through the City's contract process. A contract revision is a minor change to service units or cost of individual services, and can be completed administratively with documentation and approval from Department managers.

1) **Contract Modifications**:

- Defined as a change in dollar amount, term, contractor name or entity, scope of work or payment methodology.
- Written request with justification and approval is needed. Contract modifications require written approval (signature) from the Health Commission, Purchaser, City Attorney, City's Director of Administrative Services, and Controller, and contracts are recertified as amended. (On behalf of the Commission, the Commission Secretary will continue to approve contract revisions for contracts which are less than $50,000 or less than 10% of the total value of the contract, as is the current policy and practice.)

2) **Contract Revision**:

- Defined as a minor change, such as transfer of funds between accounts or line items not impacting total contract cost, or a change in services such as change in units or deliverables. Proposals to reduce units of service would require justification indicating that the cost of providing the adjusted level of services are within acceptable cost per unit and target population parameters.
- Requires written request, justification and approval to revise the contract. Notification is made to the Contracts and Accounting Offices to implement the contract changes.

Action Taken: The Commission unanimously adopted Resolution #21-97, "Approving a Policy on Contract Modifications," (Attachment B.)

B) CONSIDERATION OF A RESOLUTION APPROVING THE DEPARTMENT OF PUBLIC HEALTH'S GUIDELINES PERTAINING TO GRANTING MERIT INCREASES TO CONTRACTORS

Pat Reynolds, Director of Community of Health Services, reported that the Board of Supervisors appropriated $1 million to the Department budget for FY 1997-98 to provide merit-based incentive grants to Department of Public Health contractors. The funds are now on reserve and cannot be awarded until released by the Finance Committee of the Board of Supervisors. The proposed guidelines describe how the Department would make the merit awards to contractors.

Keith Hearle, CFO for the Public Health Division, presented the following seven principles to be used to award merit increases to contractors:

1. Only non-profit community-based organizations that provide health and/or client support services will be eligible for merit-based awards.

2. Community-based organizations will be eligible regardless of the sources of funding for their contracts.

3. Awards will be granted as one-time funding and thus will not be added to the base budgets of Department of Public Health contractors.

4. Contractor program reviews will provide the data for decision making on awards.

5. Awards will be made in fixed dollar amounts to approximately one-third of eligible contractors - about 30 agencies.

6. The Department of Public Health will not specify how contractors must spend the funds at the line-item level, but expenditures must be consistent with City and Department of Public Health policies and provide benefits for Department of Public Health clients.

7. Separate cost centers and exhibits will be used in contracts for the awards.

Action Taken: The Commission unanimously adopted Resolution #22-97, "Approving the Principles for Granting Merit Increases to Contract Agencies," (Attachment C.)

8) CONSIDERATION OF A RESOLUTION COMMEMORATING OCTOBER AS DOMESTIC VIOLENCE PREVENTION MONTH

Kate Monico-Klein, Coordinator for Women's Services, submitted an outline of the Department's domestic violence activities which have taken place over the past year, and a schedule of October's domestic violence related activities. She also introduced staff involved with domestic violence programs throughout the Department.

Action Taken: The Commission unanimously adopted Resolution #23-97, "Commemorating October 1997 as Domestic Violence Awareness Month", (Attachment D.)

9) CONSIDERATION OF A RESOLUTION COMMEMORATING OCTOBER AS BREAST CANCER AWARENESS MONTH

Kate Monico-Klein, Coordinator for Women's Services, submitted an outline of the Department's breast cancer activities which have taken place over the past year, a schedule of October's breast cancer related activities, and a calendar of screenings and breast health activities.

Diane Carr, Director of the Breast and Cervical Cancer Control Program (BCCCP), introduced staff involved with breast and cervical cancer services throughout the Department. BCCP services include screening, diagnosis, treatment and follow-up; education, patient navigation, tracking and surveillance.

> Action Taken: The Commission unanimously adopted Resolution #24-97, "Commemorating October 1997 as Breast Cancer Awareness Month", (Attachment E.)

Commissioner Sanchez expressed his support for these critical services and acknowledged his former colleague on the Police Commission, Jo Daly, who recently died of cancer.

10) PRESENTATION OF THE EXPANSION OF THE DEPARTMENT OF PUBLIC HEALTH HOME HEALTH AGENCY

Kathy Eng, Ocean-Park Health Center Director, made a presentation on the background, history, results of a 2-year pilot program, and expansion of the Home Health Agency of the Community Health Network, (Attachment F). The Department originally obtained a license for a home health agency in 1986. Currently, the budget is $1.3 million.

Ms. Eng introduced members of the CHN Home Care Task Force, which was created in May 1997 to develop a business plan.

A proposed resolution was included in the Commissioners' packets. However, since the consideration of this resolution was not part of today's agenda, a proposed resolution will be continued to a future agenda.

Commissioner Sanchez commented that this would be an opportunity to update the original 1986 Commission policy on home health care.

Commissioner Barnes requested revenue projections for this program and information on financial risk and program development.

Richard Cordova, Executive Administrator for SFGH and CHN, reported that updates and recommendations from the CHN Home Care Task Force will be presented to the Commission.

11) PUBLIC COMMENTS

Dale Butler, Local 790, requested support for establishing a Civil Service ruling for opportunities and financial support for foster care adoptions by City employees.

The meeting was adjourned at 4:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (6)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 20-97

ENDORSING THE DEPARTMENT OF PUBLIC HEALTH'S COLLABORATION IN A NEW MASTERS OF PUBLIC HEALTH PROGRAM AT SAN FRANCISCO STATE UNIVERSITY

WHEREAS, San Francisco State University has requested and received approval to begin a new Masters of Public Health Program in the Fall of 1998; and,

WHEREAS; the Masters of Public Health Program envisions a collaboration with the San Francisco Department of Public Health in both the teaching of students and in the conduct of public health initiatives; and,

WHEREAS, this collaboration in the new Masters of Public Health Program encourages a merging of aspects of public health practice with the training of public health professionals; and,

WHEREAS, the diverse study body at San Francisco State University includes many people who come from the communities served by the Department and who will have opportunities to serve those communities in a professional capacity, thereby, further supporting the Department's broad public health mission; and,

WHEREAS, this innovative collaboration has been awarded the prestigious Fund for the Improvement of Post-Secondary Education (FIPSE) grant, which will give it national prominence as a model for urban graduate education in public health; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco does hereby determine that the San Francisco Department of Public Health's collaboration in a Masters of Public Health Program at San Francisco State University is consistent with the mission of the Department of Public Health; and, be it

FURTHER RESOLVED, that the Health Commission of the City and County of San Francisco endorses the Department of Public Health's collaboration in a Masters of Public Health Program at San Francisco State University.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 7, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 21-97

APPROVING A POLICY ON CONTRACT MODIFICATION

WHEREAS, the Department of Health's operating divisions currently follow different procedures to modify contracts; and,

WHEREAS, the Department is working to standardize its contract policies and streamline contracting procedures; and,

WHEREAS, the Department has proposed a contract modification policy requiring that substantive changes to contracts, including but not limited to changes to total cost, legal entity, term, reimbursement methodology or program scope would require approval from the Health Commission, City Attorney, Purchaser, Director of Administrative Services, and Controller; and,

WHEREAS, the Department has also proposed that minor changes to contracts, including but not limited to changes in budgets, line items, and program units of service may be implemented administratively by Department managers, with written justification and final approval from the Department's Deputy Directors; and,

WHEREAS, the Health Commission supports the proposal because it standardizes the contract modification process department-wide, establishes and assures accountability, and streamlines the implementation of minor contract revisions, and,

WHEREAS, the proposal has been approved by the City Attorney and is consistent with the City's laws and regulations regarding contracting; therefore, be it

RESOLVED that the Health Commission approves the Department's policy on contract modifications.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 7, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 22-97

APPROVING THE PRINCIPLES FOR GRANTING MERIT INCREASES TO CONTRACT AGENCIES

WHEREAS, the contract policies of the Department of Health, which have been approved by the Health Commission, includes a provision for granting performance based incentives to contractors; and,

WHEREAS, the Board of Supervisors appropriated $1 million to the Department of Health in the fiscal year 1997-98 budget to grant merit based increases to contractors; and,

WHEREAS, this increase was granted based on testimony from private non-profit community based organizations that they have insufficient funds to provide salary increases and to fund increases to their operating costs; and,

WHEREAS, the $1 million augmentation has been placed on reserve by the Finance Committee of the Board of Supervisors, pending receipt of the Department's plan for allocating the funds to contractors; and,

WHEREAS, the Department has developed principles by which it proposes to grant merit based increases to contractors; and,

WHEREAS, the Commission recognizes that $1 million is not sufficient to provide all agencies with a meaningful increase and therefore the pool of eligibles and grant amounts should be limited; and,

WHEREAS, the principles proposed for merit increases include limiting awards to non-profit community based organizations which contracted with the Department in the past and in the current year, limiting the pool to approximately 30 contractors with a maximum award of $35,000, making the awards as one-time adjustments to contractors, thereby allowing the Department to make decisions on contractor awards each year; and using data from program reviews and monitoring reports as the basis for judging performance; therefore, be it

RESOLVED that the Health Commission approves the guidelines for granting merit increases to Department contractors, and authorizes the Department to request release of these funds from the Finance Committee of the Board of Supervisors.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 7, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 1 of 1

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 23-97

RESOLUTION COMMEMORATING OCTOBER 1997 AS DOMESTIC VIOLENCE AWARENESS MONTH

WHEREAS, violence is a public health issue and domestic violence is a leading cause of injuries and death among women; and,

WHEREAS, domestic violence impacts upon people of all ages in every racial, socioeconomic, educational, religious and occupational segment of society, and occurs among heterosexual and homosexual relationships; and,

WHEREAS, almost four million women are physically abused by husbands or boyfriends every year; and,

WHEREAS, domestic violence is more apt to be ignored or tolerated than other forms of violence; and,

WHEREAS, domestic violence is a health care issue frequently treated in the emergency department where an estimated 35 percent of women who seek emergency treatment are there for injuries which originate with an abusive partner or former partner; and in health centers, community clinics and specialty services where routine domestic violence screening reveals increasing numbers of domestic violence situations; and,

WHEREAS, the Health Commission is committed to developing policies which will assist in the identification and response to the symptoms and the impacts of domestic violence upon patients and employees; and,

WHEREAS, enhanced education, prevention and intervention efforts help to increase public awareness of the severity and extent of domestic violence, thereby helping to prevent acts of violence among family members and helping to reduce the related loss to society and to employers; now, therefore, be it

RESOLVED, that the Health Commission proclaims October as Domestic Violence Awareness Month and urges the Department of Public Health to schedule domestic violence awareness activities to honor this effort.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 7, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment D
Page 1 of 1

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 24-97

RESOLUTION COMMEMORATING OCTOBER 1997 AS BREAST CANCER AWARENESS MONTH

WHEREAS, the report Cancer Incidence in the San Francisco Bay Area 1988-1993, produced by the Northern California Cancer Center, found that breast cancer was the most commonly diagnosed cancer among women of all racial and ethnic groups in San Francisco; and,

WHEREAS, based on 1993 early diagnosed cases, San Francisco had 3.6% of the breast cancer cases in the State of California, although San Francisco comprises only 2.4% of the State's population; and,

WHEREAS, the 1994 report also found that rates of breast cancer for Latina and Asian women in the San Francisco/Oakland area are higher than other regions of the State, with sharply increased incidence rates for all racial/ethnic groups, especially white and Filipina women; and,

WHEREAS, the San Francisco Department of Public Health conducted a study, Comparison of Incidence of Cancer in Selected Sites between Bayview Hunters Point and the Bay Area, and found that African-American women under age fifty in the Bayview Hunters Point neighborhood had nearly twice the expected rate of breast cancer compared with other African American women under the age of fifty in San Francisco as a whole; and,

WHEREAS, the mortality rate from breast cancer is highest among women age 50 and older but is higher among Chinese women living in San Francisco, and significantly higher among African-American women living in San Francisco; and,

WHEREAS, the Greater Bay Area Cancer Registry Report, published in 1994 by the Northern California Cancer Center, found that breast cancer is the most common cause of cancer deaths after lung cancer among Bay Area women; and,

WHEREAS, the Health Commission is committed to promoting and providing screening and early detection, diagnosis and treatment of breast cancer throughout the San Francisco Department of Public Health and the Community Health Network and throughout the greater health care community in San Francisco; now, therefore, be it

RESOLVED, that the Health Commission designates the month of October as Breast Cancer Awareness month and urges the Department of Public Health to schedule breast cancer awareness activities to honor this effort.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 7, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment E
Page 1 of 1

HEALTH AT HOME
THE HOME HEALTH AGENCY OF THE COMMUNITY HEALTH NETWORK
BACKGROUND AND SUMMARY OF EXPANSION

Health at Home (HAH) is a program of the Department of Public Health's Community Health Network which provides an array of skilled health services for clients who have been referred by a provider for care in the home. The primary goal of the agency is to provide cost-effective and culturally appropriate home care services in a manner that is consistent with the best standards of patient care and with a philosophy of rehabilitation, prevention and promotion of wellness and independence. Its target group consists of clients of the Community Health Network and other clients who have previously received contracted home care services through the Department's AIDS Office. Skilled services are provided by registered nurses, medical social workers, home health aides and physical, occupational and speech therapists. Revenue is received primarily from Medicare, MediCal, and City general fund dollars that have been allocated for home health services.

RESULTS OF TWO-YEAR PILOT (7/95 -6/97)

In February 1995, the Director of Health requested that the Division of Community Public Health Services establish a pilot home care project to be located and administered at Ocean-Park Health Center. It evolved from a small staff of six (6 F.T.E.) with reallocated Health Center funds in the first year, to fifteen and a-half (15.5 F.T.E.) in the second year. Accomplishments included:

- Development of a Policies and Procedures Manual, which meets requirements and regulations for both State licensing and Medicare certification (approved by the Health Commission in September 1995);
- An administrative staffing structure;
- A billing and data collection system;
- Recertification of the agency as a result of a site review in Sept., 1995;
- On-going recruitment and training of multilingual staff to provide in-home skilled assessment and care to homebound clients and proper documentation techniques in accordance with Medicare and MediCal regulations; and
- Development of linkages with discharge planners at SFGH and primary care providers throughout the CHN, thereby improving the continuity of care for clients.
- Take on the responsibility of more AIDS home care contracts and service enhancement based on other private and public funding opportunities, and
- Prepare for and attain appropriate accreditation status within the framework of the CHN.

Health at Home will also be developing its program and services in response to important trends in the home care environment, of which the most significant in the next three years will be:

- Careful attention to compliance of State regulations regarding training and documentation.
- Financial risk in provision of care (including the conversion to a new prospective payment system, managed care contracting and decreased reimbursement).
- Growth in population (especially the elderly), along with the increase in the complexity of home care needs

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

October 21, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OCTOBER 7, 1997**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Lee Ann Monfredini)

(3.1) Status report on California Pacific Medical Center's compliance to the Board composition policy.

(3.2) Status report on St. Luke's Hospital's compliance to the Board and staff composition policy.

(3.3) **CHN-Forensics -** Supplemental appropriation request in the amount of $500,000 in General Funds for FY 1997-98, to fund costs of providing health and mental health services to inmates of the City Jail at Treasure Island.

(3.4) **PH -** Authorizing the Department of Public Health to request release of reserve of $200,000 in General Funds from the Board of Supervisors, to provide low income housing assistance to HIV infected clients through the S.F. AIDS Foundation.

(3.5) **PH-Substance Abuse -** Retroactive multiyear contract renewal with Iris Center Women's Counseling and Recovery Services (Iris), in the amount of $952,739 per year for four years, to provide outpatient and day treatment substance abuse services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Iris for services totaling $1,222,656 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **CONSIDERATION OF A RESOLUTION SUPPORTING THE COMMISSION ON THE STATUS OF WOMEN'S EFFORTS TO SEEK RATIFICATION OF THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW) AND TO IMPLEMENT THIS CONVENTION AT LOCAL LEVELS IN THE CITY AND COUNTY OF SAN FRANCISCO**

6) **CONSIDERATION TO APPROVE A LETTER TO THE MAYOR AND BOARD OF SUPERVISORS CERTIFYING ADEQUACY OF FUNDS APPROPRIATED TO DPH IN FY 1997-98**

7) **PRESENTATION OF AN UPDATE ON THE PREVENTION UNIT OF THE PUBLIC HEALTH DIVISION**

8) **PRESENTATION OF AN UPDATE ON PRIMARY CARE OF THE COMMUNITY HEALTH NETWORK (CHN)**

9) **UPDATE ON THE HIV REPORTING POLICY**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

11) **EXECUTIVE SESSION:**

DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11 AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:

A) **POSSIBLE CLOSED SESSION HELD PURSUANT TO BROWN ACT SECTION 54956.9 AND SUNSHINE ORDINANCE SECTION 67.11. (PENDING LITIGATION:**

1) **CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT AGREEMENT FOR CAROLYN MITCHELL V. CCSF, USDC #C96-3872 PJH, IN THE AMOUNT OF $95,000.**

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

2) **CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF LITIGATION OF $150,000 AND WAIVER OF LIEN OF APPROXIMATELY $1,900 FOR MICHAEL PRESTIDGE V. CCSF ET AL, SUPERIOR COURT #955-602 AND #976-234 (CONSOLIDATED).**

B) **DISCUSSION AND VOTE PURSUANT TO BROWN ACT SECTION 54957.1 AND SUNSHINE ORDINANCE SECTION 67.14 ON WHETHER TO DISCLOSE ACTION TAKEN OR DISCUSSIONS HELD IN CLOSED SESSION.**

MOTION: **THE HEALTH COMMISSION FINDS THAT IT IS IN THE BEST INTEREST OF THE PUBLIC (NOT) TO DISCLOSE ITS CLOSED SESSION DELIBERATIONS REGARDING POSSIBLE LITIGATION**

12) EXECUTIVE SESSION:

DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(a) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A) **POSSIBLE CLOSED SESSION HELD PURSUANT TO BROWN ACT SECTION 54956.9(b) AND SUNSHINE ORDINANCE SECTION 67.8:**

1) **CONFERENCE WITH LEGAL COUNSEL REGARDING HEALTH COMMISSION POLICY ON ETHNICITY AND GENDER COMPOSITION OF BOARD AND STAFF**

NUMBER OF POSSIBLE CASES: ONE AS DEFENDANT.

B) **DISCUSSION AND VOTE PURSUANT TO BROWN ACT SECTION 54957.1 AND SUNSHINE ORDINANCE SECTION 67.14(a) ON WHETHER TO DISCLOSE ACTION TAKEN OR DISCUSSION HELD IN CLOSED SESSION**

MOTION: **THE HEALTH COMMISSION FINDS THAT IT IS IN THE BEST INTEREST OF THE PUBLIC (NOT) TO DISCLOSE ITS CLOSED SESSION DELIBERATIONS REGARDING POSSIBLE LITIGATION**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal

Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

97

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, October 21, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:10 p.m.

Present:	Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner Debra A. Barnes Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 7, 1997

Action Taken: The Commission unanimously adopted the minutes of October 7, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Status report on California Pacific Medical Center's compliance to the Board composition policy.

Commissioner Monfredini abstained on this item due to conflict of interest.

Sara Kelly of CPMC presented a letter from CEO Martin Brotman, M.D. A proposed revision to the CPMC bylaws will be presented at the October 23, 1997 Board meeting.

Public Speaker: Howard Wallace, Local 250.

Commissioner Guy requested this item be recalendared for November 4, 1997 to hear the results of the Board meeting. For the next Budget Committee meeting, she requested a copy of the CPMC Board resolution and an action plan with targets and a timetable. She also stated that the Commission's definition of diversity includes gays and lesbians and that all contractors are to include gays and lesbians in demographic information.

Commissioner Hill stated his support for contractors providing the appropriate demographics on gays/lesbians.

(3.2) Status report on St. Luke's Hospital's compliance to the Board and staff composition policy.

Ms. Weyland of St. Luke's Hospital presented an action plan.

Commissioner Guy would like to see actual results and a revised action plan with targets and a timetable. She requested a progress report be brought back to the November 18, 1997 Budget Committee meeting.

Commissioner Monfredini requested a letter from the CEO or Board Chairperson regarding compliance on Board and staff composition.

(3.3) **CHN-Forensics -** Supplemental appropriation request in the amount of $422,810 in General Funds for FY 1997-98, to fund costs of providing health and mental health services to inmates of the City Jail at Treasure Island.

(3.4) **PH -** Authorizing the Department of Public Health to request release of reserve of $200,000 in General Funds from the Board of Supervisors, to provide low income housing assistance to HIV infected clients through the S.F. AIDS Foundation.

The Department will bring the S.F. AIDS Foundation contract modification to the Budget Committee.

(3.5) **PH-Substance Abuse -** Retroactive multiyear contract renewal with Iris Center Women's Counseling and Recovery Services (Iris), in the amount of $952,739 per year for four years, to provide outpatient and day treatment substance abuse services for the period of July 1, 1997 through June 30, 2001. (DPH contracted with Iris for services totaling $1,222,656 during FY 1996-97).

Commissioner Monfredini raised the retroactivity of this contract.

Public Speakers:

(Note: These speakers addressed the full Commission on item #3.1.)

Howard Wallace, Local 250
Frederick Hobson, S.F. Health Authority
Richard Ow, community representative

Action Taken: The Commission approved the Consent Calendar of the Budget Committee with the specific continuances for #3.1 and #3.2. Commissioner Monfredini abstained on #3.1.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Medi-Cal Managed Care

I am pleased to report that Assembly Bill 1337 (Shelley) was signed by the Governor in early October. This Bill would permit the State Department of Health Services to establish two pilot programs looking at alternative reimbursement methodologies for Federally Qualified Health Centers (FQHCs) participating in Medi-Cal managed care.

As you know, the Department of Public Health, the San Francisco Community Clinic Consortium, the San Francisco Health Plan, and Blue Cross have been working with the State for the past several months to get this legislation approved and signed. We are very pleased that the State Department of Health Services worked collaboratively with San Francisco providers and health plans to address this issue. Both health plans participating in Medi-Cal managed care believe that the capitation rates are insufficient to provide interim cost-based reimbursements to FQHCs.

We would like to acknowledge the work and support of Assembly Member Kevin Shelley in agreeing to sponsor this legislation.

San Francisco health plans and providers will be meeting with the State Department of Health Services next week to start discussions on how the State will implement the provisions of AB 1337.

COMMUNITY HEALTH NETWORK

Retroactive Payment for FQHC Claims for Primary Care

The Department is pleased to report that HCFA and the State have finally resolved all outstanding issues related to the Department's claim for FQHC reimbursement for Primary Care retroactive to 1990. As has been reported to the Health Commission over the past year, the Department's claim for retroactive cost based reimbursement was audited and challenged by the State. All audit adjustments have been adjudicated, and the State has paid the outstanding claims totaling $11 million. Of this amount, 20% will be paid to Deloitte and Touche and 80% will be retained by the Department. As you know, the firm of Deloitte and Touche was instrumental in developing the cost reports and claims and in representing the Department during the audit and settlement proceedings. I also want to recognize the continued perseverance and effort from Bob Prentice and Keith Hearle to favorably resolve this important financial claim.

Grants Awarded to Seroepidemiology and Surveillance Section

I am pleased to report that the Seroepidemiology and Surveillance Section of the Community Health and Safety Branch was recently awarded two new grants to develop and evaluate enhanced partner notification activities for persons testing positive for HIV.

One grant, awarded by the Centers for Disease Control and Prevention, is for $151,123 per year and has a three year cycle. We were the only locality to receive this award. The other grant was awarded by the Kaiser Family Foundation and provides for $63,000 for one year.

The aim of these grants is to develop and evaluate enhanced partner notification activities for persons with recent or long standing HIV infection. These partner notification activities will make use of a new laboratory technique which differentiates persons whose HIV infection was acquired within the past four or five months from persons whose infection is of longer duration. The test is important because it is difficult to provide optimal partner notification services when persons newly test HIV-positive but it is unknown for how long they have actually been infected. The Kaiser Family Foundation grant provides funding to develop training programs and manuals for HIV testing counselors that will incorporate the use and implications of the new testing method. The Centers for Disease Control and Prevention funding will enable us to apply the new testing technology to persons seeking HIV testing at selected public testing sites and to offer enhanced partner notification services for HIV infected persons. We will compare the impact and effectiveness of enhanced partner notification services among recently infected persons and among persons whose HIV infection is of longer duration. Coupled with the introduction of enhanced partner notification services will be expanded efforts to refer infected persons into medical care and to refer uninfected persons into prevention services.

Diversion Statistics

Critical Care Diversion for the period October 1 through 20, 1997 is as follows:

> Critical care diverted for 12.7% or 60 hours and 58 minutes.
> The Emergency Department diverted for 8.3% or 39 hours and 40 minutes.

PUBLIC HEALTH

Viral Load Testing

The Health Department is pleased to announce that the Department of Health Services of the State of California has awarded us free HIV viral load tests. For the City as a whole they have awarded 2,911 tests for fiscal year 1997-1998. In addition, they have awarded 1,250 tests to the Mission Neighborhood Health Center's Early Intervention Project for the same period. As a condition of the award all viral load tests must be performed at the Public Health Laboratory. At the current time our viral load tests are performed exclusively at San Francisco General Hospital.

The Commission will remember that approximately one and a half years ago, we reported that Chiron Corporation had generously agreed to provide free reagents for viral load tests for indigent persons in the City and County of San Francisco. The Health Department covered the costs of the labor of performing these tests. With the State's generous award we will now be able to reduce our reliance on Chiron's free reagents and also recoup the costs of the labor of performing these tests. Chiron has graciously agreed to continue supplying free reagents for viral load tests above the limit set by the State, so that we can completely address the community need for these tests.

While the Public Health Laboratory does not currently perform this test, they perform tests that utilize similar methodology. I am certain that under the capable leadership of our Laboratory Director, Dr. Sally Liska, our Laboratory will soon be up to speed on this important technology.

Postexposure Prevention of Sexual and Drug Use Exposures to HIV

The San Francisco Postexposure Prevention Project (PEP) began its pilot phase on October 13. The PEP project provides counseling and medication for individuals within 72 hours of a significant exposure to HIV from sexual or drug use exposures. The goal is to abort HIV infection. The project is a collaborative of the SF Department of Public Health, the AIDS Clinic at SFGH and UCSF, and the Center for AIDS Prevention Studies. Since March of this year, a Community Advisory Board has assisted the researchers in being responsive to community needs. Numerous trainings and presentations have been provided to community based organizations throughout the City. In September, the research project received preliminary approval for NIH funding for the next three years. Prior to this funding being released by the federal government, the project has been and will be funded by private donations, funds from the City and County of San Francisco for routine STD services to these high risk individuals as well as donations of medications from pharmaceutical companies.

The opening of the project was accompanied by a significant amount of media attention. Unfortunately, most of the media continued to use the term "morning after pill" to describe the project. Journalists did recognize that PEP is a controversial project that should never replace primary prevention. Prior to the opening of the pilot phase, clinicians involved with the project treated approximately 15 individuals who had high risk exposures to HIV. All have had significant psychosocial concerns such as depression, drug abuse and alcoholism. Since October 13, 4 people have been enrolled in the pilot phase of the project at San Francisco General and City Clinic. A dozen people have called the hotline for more information. All the people enrolled thus far had a high risk exposure after many months of safe behavior. Most people attributed the cause of their exposure to low self esteem, drug use and/or depression. All people who have come to the two clinical sites have chosen to take medications in addition to counseling and testing. The clinical sites are now open seven days a week with an additional on-call system where clinicians respond to all inquiries within twenty minutes, 24 hours a day (502-5PEP). The project is expected to enter the accrual phase in January 1998 with funding to provide counseling, testing and medication for 500 individuals.

AIDS/HIV Life Center Lease

On October 22, the Finance Committee of the Board of Supervisor will consider a resolution authorizing a lease of property located at 2299 Market Street (at the intersection of Noe and 16th Streets) for an AIDS/HIV Life Center. If approved, the Department of Public Health will lease approximately 15,000 square feet of a proposed community health facility that will be built on this site. The Department will sublease this space to two or three HIV service providers, creating an AIDS/HIV community services center in the Castro District.

The term of the lease is for a 10 year period with three 5 year options to renew the lease. The cost of the lease is $1.37 per square foot per month, plus operating costs. The owner will make a good faith effort to retire the construction debt with 10 years, at which time DPH lease payments are expected to be reduced to zero.

The Department is pleased to enter into a partnership with the Life Church in order to develop this important community resource.

Domestic Violence in the Workplace Policy

As we recognize Domestic Violence Awareness Month, I am pleased to report completion of a policy on domestic violence in the workplace. Domestic violence has a direct bearing on productivity, effectiveness, absenteeism and employee turnover in the workplace. The National Crime Survey estimates that 175,000 days per year are missed from paid work due to domestic violence. *The Domestic Violence in the Workplace* Policy is intended to heighten awareness concerning domestic violence and to provide guidance for employees and management to address the occurrence of domestic violence and its impact in the workplace. I consider this an important step in the work of public health to decrease and eventually prevent violence at home and in the workplace.

September statistics are available at the Commission Office.

5) CONSIDERATION OF A RESOLUTION SUPPORTING THE COMMISSION ON THE STATUS OF WOMEN'S EFFORTS TO SEEK RATIFICATION OF THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW) AND TO IMPLEMENT THIS CONVENTION AT LOCAL LEVELS IN THE CITY AND COUNTY OF SAN FRANCISCO

Kate Monico-Klein, DPH Coordinator for Women's Services, reported that the Human Rights Commission and the Commission on the Status of Women will be holding a public hearing on October 30, 1997 on the Convention. The hearing will address women's human rights with a focus on health, violence, and economic development. Additionally, the hearing will highlight strategies for local collaboration to achieve equity for women in San Francisco.

This resolution is part of the effort to gather San Francisco support for an International Bill of Rights for Women. So far, 161 countries have supported the resolution.

Commissioner Guy supported the global perspective on the issue and being part of the international community. She will attend the hearing on October 30 and will represent the Health Commission.

Action Taken: The Commission unanimously adopted Resolution #2597, entitled "Supporting the Commission on the Status of Women's Efforts to Seek Ratification of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and to Implement this Convention at Local Levels in the City and County of San Francisco," (Attachment A.)

6) CONSIDERATION TO APPROVE A LETTER TO THE MAYOR AND BOARD OF SUPERVISORS CERTIFYING ADEQUACY OF FUNDS APPROPRIATED TO DPH IN FY 1997-98

Monique Zmuda, Chief Finance Officer, reported that in conformance with Charter Section 9.115 and Administrative Code Section 3.14, the Commission and Department Head need to certify to the Mayor, Board of Supervisors, and Controller that the Department's budget is sufficient to meet the needs and goals of the Department. Ms. Zmuda reported that this letter (Attachment B) indicates that funding to the Department of Public Health provided in the budget for fiscal year 1997-98 as adopted by the Board of Supervisors is not adequate to meet service levels as proposed to the Board without supplemental appropriations during the fiscal year. Supplemental appropriation requests anticipated by the Department of Public Health will be funded by new revenues to the Department or through funding reserves established by the Board of Supervisors.

Action Taken: The Commission unanimously approved the letter.

7) PRESENTATION OF AN UPDATE ON THE PREVENTION UNIT OF THE PUBLIC HEALTH DIVISION

Larry Meredith, Ph.D., Director of Community Health Promotion and Prevention (CHPP) submitted an overview of Health Promotion and Prevention, the progress to date on the emerging organization, and the challenges associated with the implementation of the vision of healthy people living in healthy communities, including health care reform with its cost cutting focus, the burden of injury and disease, and the complex mix of environmental and personal factors affecting health and well-being. For a copy of the full report, contact the Commission Office (554-2666)

Dr. Meredith introduced members of his staff:

Ginger Smyly, MPH, Deputy Director of CHPP
Barry Brinkley, MPH, Director of HIV Prevention Services
Brian Katcher, Pharm. D.
Kate Monico-Klein, MSW, Coordinator of Women's Services

Ms. Smyly gave an overview of what the core functions of public health are.
Dr. Katcher gave a historical perspective on prevention. Michael Radetsky, CHIPPS, described the planning efforts for injury prevention.

Commissioner Guy raised the question of how is the Department including poverty, discrimination, socio-economic class, as driving forces causing disease.

Commissioner Parker emphasized the importance of community involvement in the planning of prevention activities. He also asked what percentage of the Department's budget is allocated to prevention activities.

Dr. Meredith and CFO Monique Zmuda reported that about 2% ($17.8 million) of the Department's total budget is allocated to prevention.

Commissioner Chow pointed out that the 2% is a small amount. He requested a report on the results of the prevention programs and stressed the need to prioritize the prevention activities.

Dr. Katz stated that the CHPP Unit is in the process of a complete reorganization. At the budget level, there is a need to prioritize prevention in relation to health services.

Dr. Meredith will be developing a CHPP strategic plan, which will be presented to the Commission.

8) PRESENTATION OF AN UPDATE ON PRIMARY CARE OF THE COMMUNITY HEALTH NETWORK (CHN)

Jan Murphy, MBA, Primary Care Administrator, submitted a progress report on the development of primary care services in the Community Health Network (CHN), (Attachment C.) The goal is to have a single primary care network with seamless access by patients to the other functional areas within the integrated delivery system of the CHN. The primary care network will continue to provide high quality health care in a cost effective manner, increase access to care, respond to market driven changes in health care, and maintain high patient satisfaction.

Ms. Murphy reported that Community Advisory Boards are in place at each primary care site. The emphasis at the points of service delivery is customer service. Because the CHN has to be competitive and business-like, some of the physical plants need to be upgraded. Data collection and analysis are also being accomplished through available technology.

Dr. David Ofman, Medical Director of Primary Care, reported on the integration of the medical staff, with the goal of creating a seamless, community-focused network oriented system.

Ms. Murphy stated that Primary Care needs to work on joint projects with the Prevention Unit. She also emphasized that the underlying mission of the CHN is still to serve the underserved.

President Chow thanked the staff for their ongoing work to provide cost effective, comprehensive primary care by integrating the community-based and hospital-based models.

9) UPDATE ON THE HIV REPORTING POLICY

Dr. Mitchell Katz, Interim Director of Health, submitted an article, "National HIV Case Reporting for the United States" from the New England Journal of Medicine to the Commissioners. For a copy, call the Commission Office (554-2666).

Dr. Katz presented an update (Attachment D) providing background information and describing three options being discussed at the Centers for Disease Control.

Public Speakers: Frederick Hobson
Denise D'Anne
Steve Heiling, S.F. Medical Society and Mayor's Committee on AIDS
Fred Dillon, S.F. AIDS Foundation

Commissioners' Comments:

- names should not be reported
- no compelling reason to change present Commission policy; no scientific reasons
- funding issues are not enough reasons to change the policy
- present Commission policy should be maintained
- there are many conflicting issues
- San Francisco does well with partners notification and confidentiality; other cities may not

President Chow requested the Department to continue providing information on the issue to the Commission so that Commissioners become more educated. After the Mayor's AIDS Summit scheduled for January 27, 1998, the Commission could relook at the issue of any change in the Commission's present policy.

10) OTHER BUSINESS/PUBLICOMMENTS

None.

11) EXECUTIVE SESSION:

DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11 AS TO WHETHER TO CONDUCT A CLOSED SESSION ON TWO ITEMS:

A) POSSIBLE CLOSED SESSION HELD PURSUANT TO BROWN ACT SECTION 54956.9 AND SUNSHINE ORDINANCE SECTION 67.11. (PENDING LITIGATION)

Action Taken: The Commission unanimously decided to conduct a closed session on the two items.

1) CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT AGREEMENT FOR CAROLYN MITCHELL V. CCSF, USDC #C96-3872 PJH, IN THE AMOUNT OF $95,000

Action Taken: The Commission unanimously approved the proposed settlement in the amount of $95,000.

2) **CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF LITIGATION OF $150,000 AND WAIVER OF LIEN OF APPROXIMATELY $1,900 FOR MICHAEL PRESTIDGE V. CCSF ET AL, SUPERIOR COURT #955-602 AND #976-234 (CONSOLIDATED)**

Action Taken: The Commission unanimously approved the proposed settlement.

B) **DISCUSSION AND VOTE PURSUANT TO BROWN ACT SECTION 54957.1 AND SUNSHINE ORDINANCE SECTION 67.14 ON WHETHER TO DISCLOSE ACTION TAKEN OR DISCUSSIONS HELD IN CLOSED SESSION**

Action Taken: The Commission unanimously finds that it is in the best interest of the public not to disclose its closed session deliberations.

12) EXECUTIVE SESSION:

DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(a) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A) **POSSIBLE CLOSED SESSION HELD PURSUANT TO BROWN ACT SECTION 54956.9(b) AND SUNSHINE ORDINANCE SECTION 67.8:**

Action Taken: The Commission unanimously decided to conduct a closed session on one item.

1) **CONFERENCE WITH LEGAL COUNSEL REGARDING HEALTH COMMISSION POLICY ON ETHNICITY AND GENDER COMPOSITION OF BOARD AND STAFF**

NUMBER OF POSSIBLE CASES: ONE AS DEFENDANT

B) **DISCUSSION AND VOTE PURSUANT TO BROWN ACT SECTION 54957.1 AND SUNSHINE ORDINANCE SECTION 67.14(a) ON WHETHER TO DISCLOSE ACTION TAKEN OR DISCUSSION HELD IN CLOSED SESSION**

Action Taken: The Commission unanimously finds that is in the best interest of the public not to disclose its closed session deliberations regarding possible litigation.

No decision was made.

11) PUBLIC COMMENTS

The meeting was adjourned at 7:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 25-97

SUPPORTING THE COMMISSION ON THE STATUS OF WOMEN'S EFFORTS TO SEEK RATIFICATION OF THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW) AND TO IMPLEMENT THIS CONVENTION AT LOCAL LEVELS IN THE CITY AND COUNTY OF SAN FRANCISCO

WHEREAS, the Health Commission opposes discrimination against women in any form; and,

WHEREAS, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), also known as the International Bill of Rights, has developed a universal definition of discrimination against women, and condemns all forms of discrimination against women, in civil, political, economic, social and cultural spheres; and,

WHEREAS, CEDAW was ratified by the United Nations General Assembly in 1979 and signed by then President Jimmy Carter in 1980, although the treaty was never ratified by the United States Senate; and,

WHEREAS, 155 other countries have ratified CEDAW; and,

WHEREAS, a joint hearing of the Commission on the Status of Women and the Human Rights Commission is being held October 30, 1997 to further discuss CEDAW; and,

WHEREAS, local adherence to the principles of CEDAW would promote equal access to health care, employment, education and other fundamental rights; now, therefore, be it

RESOLVED, that the Health Commission joins other commissions and City departments in supporting the ratification of the principles contained in the Convention on the Elimination of all Forms of Discrimination Against Women and urges the City and County of San Francisco to implement this convention at the local level, where applicable, and to support ratification efforts at the State and Federal levels.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, October 21, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

City and County of San Francisco

Department of Public Health

Mitchell Katz, M.D.
Interim Director of Health

October 14, 1997

The Honorable Willie L. Brown, Jr.
Mayor, City and County of San Francisco
War Memorial Building, Room 336
San Francisco, CA 94102

Board of Supervisors
War Memorial Building, Room 308
San Francisco, CA 94102
Attn: Clerk of the Board

Edward Harrington, Controller
875 Stevenson Street, Room 210
San Francisco, CA 94102

Re: Adopted Budget for FY 1997-98

Ladies and Gentlemen:

I hereby certify, in conformance with Charter Section 9.115 and Administrative Code Section 3.14, that the funding provided in the budget for fiscal year 1997-98 as adopted by the Board of Supervisors is not adequate for the Department of Public Health to meet service levels as proposed to the Board. The Department of Public Health will request supplemental appropriations during the fiscal year to augment the budget as adopted by the Board of Supervisors.

The Health Commission has approved several requests for supplemental appropriations. These requests have been forwarded to you for review. In addition, future requests for supplemental appropriations are anticipated by the Department of Public Health. These requests will apply revenues anticipated by the Department to offset projected increases in personnel and pharmaceutical expenses resulting from increased utilization and to fund facilities maintenance and capital projects at San Francisco General Hospital. These revenues are estimated to be between $8.0 - $10.0 million. All of these supplemental appropriation requests will be funded by revenue to the Department of Public Health and will not include General Fund requests.

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415) 554-2600 101 Grove Street San Francisco, CA 94102

An additional request for a supplemental appropriation is anticipated to fund health services for inmates of a new jail on Treasure Island. This request will be funded through a General Fund reserve established for the new jail facility.

Sincerely,

Mitchell Katz MD

Mitchell Katz, M.D.
Interim Director of Health

cc: Budget Analyst
Mayor's Budget Office

Update to the Health Commission on Primary Care in the Community Health Network (CHN)

October 21, 1997

I. Background - Primary Care Structure

Over the past several decades, the Department of Public Health has noted an increased demand in the underserved community for personal health care services. The gradual development of primary care services at hospital and community-based clinics was an attempt to respond to consumer demand, particularly among underserved and uninsured populations.

The joint university-hospital organizational structure provided hospital-based primary care clinics with the opportunity to develop services within the context of a mission which focuses on medical education and research as well as patient care.

The former District Health Centers 1-5, North of Market Health Center, Tom Waddell Clinic, Southeast Health Center, Potrero Hill Health Center and Special Programs for youth provided community-based services. The District Health Centers traditionally focused on well-child care, communicable disease screening, immunizations, public health nursing, environmental health inspection and health education but in 1989-90 began providing primary care using the Community Oriented Primary Care model.

II. Integration of Primary Care within the Community Health Network

In today's changing health care environment the ability to provide cost effective, comprehensive primary care is a key component for the success of direct service delivery organizations. Although the Department had implemented primary care in both a community-based and hospital-based context, the old organizational structure did not support the true integration of these models into a single, efficient network of primary care.

The development of the Community Health Network as part of recent Departmental re-organization afforded the opportunity to look at the structure of services in a new way. Rather than focusing on the location where care is provided, the new organizational model views services on a continuum of care and defines the organizational structure in terms of functional areas rather than institutions. A paradigm shift in the organizational culture from thinking and planning based on location to thinking and planning based on the needs of entire primary care network was required.

III. Progress-to-Date

In March, 1997 Jan Murphy, M.B.A., was appointed to the position of Primary Care Administrator and charged with the responsibility of developing an action plan for primary care. As part of the plan, an assessment of the current organizational and committee structure, service models, patient base, resource allocation, revenues and expenditures, managed care activities, and standards was completed. Recommendations for short and longer term actions were forwarded to the CHN Executive Staff and approved for implementation.

To date, each primary care clinic has developed a Scope of Services document which describes the services and staffing at each site and a Quality Management Calendar which outlines quality management activities for the year. An annual work plan which includes goals for improving customer service, cultural competency, patient recruitment and retention, productivity, operations improvement, revenue maximization, health outcomes, public health mission, and services to special populations has also been developed by each site. These common tools provide the beginning of standardization across the sites.

The way in which we communicate and work together as a primary care network is also changing. A new committee structure was developed and includes the Primary Care Administrative Management Group, the Combined Medical Director's Group, and the Integrated Primary Care Operations Improvement Task Force.

The Primary Care Administrative Manager's Group provides a forum for the Primary Care Administrator to communicate with primary care managers on a regular basis. Managers from all the sites discuss common issues, problem-solve, and plan for primary care in an integrated manner.

The Combined Medical Director's Group provides a forum for Medical Directors from community and the campus-based clinics also meet jointly for the first time. Discussion of issues related to medical operations, medical practice, standards of care, productivity, interface with other functional areas in the CHN continuum of care, teaching, and research takes place with full representation from all primary care service sites.

In the near future, we anticipate that a Director of Nursing for Primary Care will be appointed and we are actively working on development of one system for quality management, patient education, social work and nutrition.

Primary care as an integrated function is also represented on numerous other committees including Management Forum, Health and Patient Education, Public Health Nursing, Urgent Care, Ambulatory Care Committee, the Medical Staff Subcommittee, the Provider Health Organization, the Clinical Practice Group, Managed Care Operations and others.

Progress is also being made in the area of general operations. In June of this year, the community-based clinics migrated to the Invision computer system. This conversion allows for the assignment of a common medical record number for patients throughout the CHN. Utilizing the common number , patient demographics and financial information are maintained in a common directory. Medical information including medication lists, specialty service and consult reports, hospital admission and discharge summaries, laboratory results, and visit history are available through the Lifetime Clinical Record. This advance in the use of available technology allows the primary care network to operate more efficiently, communicate more effectively, and improve patient care.

The technology also allows primary care providers to directly schedule specialty appointments in seventeen specialty clinics via computer. The capacity for the Emergency Department and Patient Referral and Information to directly schedule into primary care clinics is under development.

We are also working closely with Specialty Services in the development and implementation of a referral and tracking system for specialty consultations. The system will meet managed care standards as well as improve our ability to ensure that all primary care patients referred for specialty care actually receive it.

The work of the Integrated Primary Care Operations Improvement Group will continue to focus on internal/external barriers and opportunities for operations improvement.

IV. Future Directions

While much has been accomplished in the integration of primary care services, much remains to be done. The projects and activities listed below will be developed over the next six to twelve months.

a) Joint planning and development of joint projects with Public Health Division to ensure public health mission is integrated into primary care;

b) Implementation of strategic initiatives for primary care as identified by the CHN Strategic Planning Group;

c) Maximization of business opportunities presented by new funding initiatives such as the Healthy Families Program;

d) Enhancement of infrastructure to be able to support competition for managed care lives and improved access for safety net/public health services;

e) Enhancement of urgent care capacity as an function within primary care network;

f) Ensure that standards required for managed care are met;

g) A major focus on customer service and patient recruitment/retention;

h) Where appropriate, assignment of all patients to a primary care provider to ensure continuity of care;

i) Increased and improved integration of primary care services with mental health and substance abuse services;

j) Development of improved clinical and population-based data to measure the effectiveness of our care and guide future planning efforts;

k) Greater population-based and chronic disease-based focus (e.g. clinical protocols and nursing/patient education protocols for children with incomplete immunizations or protocols for diabetes education);

l) Development of a teaching and research plan for community health centers.

We expect that these and other projects yet to be identified will bring us closer to our goal of providing comprehensive, accessible, high quality primary care. We will have a strong commitment to patient care and at the same time are intent on maintaining a public health focus. Prevention and primary care, as the foundation upon which good health is built and maintained, must be viewed as a critical function on the continuum of care provided by the CHN.

HIV Reporting Policy

As the Commission is aware, there has been a growing debate nationally as to whether to institute HIV names reporting. This is a complicated issue with strong sentiments on the many sides of this issue. The Commission has previously opposed HIV name reporting. This policy was enacted on May 16, 1995. The policy was adopted in response to a call from the California Medical Association for mandatory reporting of HIV infected persons. Since the Commission adopted its policy on HIV names reporting, some factors, notably improved treatment, have changed the equation while other issues remain such as confidentiality and concern that some persons will be reluctant to seek care if they know that their name will be reported to their health department.

BACKGROUND

AIDS has been a reportable disease in California since the beginning of the epidemic. All physicians are required to report to their local Health Departments persons who are diagnosed with AIDS. In San Francisco we have an active surveillance system which means that most cases are identified at health care facilities by Department of Public Health Disease Control Investigators.

While AIDS has been a reportable disease, being HIV positive alone is not a reportable condition. AIDS activists have traditionally opposed HIV name reporting because of concerns that it would discourage people from learning their HIV status and it would risk the loss of confidentiality if the names of persons reported were inadvertently disclosed. In addition, until recently there was no highly effective treatment that could be offered to people who were HIV infected. This made it less critical to identify and offer treatment to all persons who were HIV infected.

Several factors have resulted in renewed national attention on HIV reporting. First, both locally and nationally, there has been a large decline in the number of newly reported AIDS cases. This is a tremendous achievement that reflects both our successful prevention efforts and the efficacy of highly effective antiretroviral treatment. Given that our national surveillance system relies on AIDS cases, it has become much less adequate for monitoring the trends of the epidemic. Further there is a genuine concern that it will be difficult for us to advocate for continued high levels of federal funding for AIDS if policy makers continue to see significant drops in the number of AIDS cases.

As the Commission is aware, while the number of new AIDS cases and the number of AIDS deaths continue to drop, the number of people living with HIV continues to increase and the cost of caring for those living with HIV is also increasing due to the expense of new therapies. Thus, adopting HIV reporting is likely to improve our surveillance system for planning purposes and for advocacy for needed funding. Another potential benefit of HIV reporting is that it may enable health departments to do outreach to persons who are HIV infected to help them access new therapies.

While HIV reporting has these potential advantages, it also has several disadvantages. Clearly HIV is less of a stigma than it was several years ago. Nonetheless, discrimination against persons who are HIV positive remains. While the San Francisco Health Department has never had a breach of confidentiality of AIDS cases, other localities have had such breaches. The Commission will remember the well publicized incident in Florida, when a health department worker disclosed the names of several HIV infected persons. We also believe that some persons would not seek medical care if they knew their names would be reported to the Health Department. Available data suggests that this is a small proportion of persons, but it is nonetheless a serious concern.

Recognizing the advantages and disadvantages of changing the current AIDS surveillance system, the Centers for Disease Control has convened two national consultations on this issue. I have participated in both of them. At these meetings, the public health professional groups, including the Association of State and Territorial Health Officers, have generally supported HIV surveillance rather than AIDS surveillance. HIV activists have tended to support keeping the system as is or going to a unique identifier system.

With a unique identifier, health care facilities would report cases, but not by name. Potentially this could provide us with the needed data without compromising confidentiality. While unique identifiers holds promise it is unclear if such a system can be successfully implemented without a sizable increase in resources going towards surveillance. The problem is that people seek care in multiple sites and we must be able to unduplicate client counts in order to provide accurate data. Even systems that use full names require considerable time to verify whether two people with similar names are in fact the same person or two different people. This problem is markedly more difficult when you go to a unique identifier system because it is harder to recognize true duplicates. It is also difficult to train personnel at health care facilities to code individuals in the same way. Perhaps the greatest weakness of unique identifiers is that individual health care facilities must maintain their own internal lists connecting the names to the Unique Identifiers. This is necessary for disease outbreak investigations and for the health department to verify whether two individuals with similar unique identifiers are, or are not, the same person. The maintenance of internal lists could significantly compromise the confidentiality of HIV infected persons. These lists would not have the same protection under law as surveillance records and likely would not be as well safeguarded.

Given this background the policy discussion facing the CDC is whether to recommend: 1) the current AIDS name reporting system remain as is, 2) HIV name reporting, or; 3) a unique identifier system. The CDC, I believe, recognizes for the reasons discussed above that none of these options is ideal. There has also been discussion about hybrid methods whereby clinicians and patients may have the option of reporting by name or by unique identifier.

Regardless of the decision the CDC makes as to what to recommend, ultimately States determine what are the reportable diseases. Thus, we should expect at the State Legislature that there will be proposals to enact HIV names reporting. The California Medical Association has advocated for HIV names reporting in the past and may do so again.

In considering what our Health Department position should be with regard to the issue, I would like to dispel one myth about HIV names reporting. Some public health officials have stated that HIV reporting should be enacted in order to more effectively perform partner notification. I believe this is a myth because partner notification activities depend on the willingness of HIV infected persons to disclose the names of their partners. San Francisco, like many other counties, currently has a successful voluntary partner notification program. Having a list of people with HIV will not improve this service. Moreover, when officials call for HIV reporting on the grounds that it will improve partner notification, it raises the rankles of HIV/AIDS activists because it suggests that the names will be used in a manner contrary to HIV surveillance.

CONCLUSION

As I know the Commission will appreciate, HIV reporting is a complicated issue with a long history. As part of the preparation for the Mayor's HIV/AIDS Summit, a subcommittee is reviewing the policy implications of HIV/AIDS reporting. The subcommittee is chaired by Eileen Hanson the Director of the AIDS Legal Referral Panel and Steve Heilig, Director of Public Health & Education for the San Francisco Medical Society. AIDS Office staff including Drs. Sandy Schwarcz and Willi McFarland have participated and the committee is likely to make recommendations in the coming months. It is likely that the Department will be asked whether our 1995 policy remains the same and I am, therefore, grateful for the opportunity to discuss this issue with the Commission.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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/97

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AGENDA

HEALTH COMMISSION MEETING

November 4, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING OCTOBER 21, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Status Report on California Pacific Medical Center's compliance to Health Commission Policy on Ethnicity, Gender, and Sexual Orientation of staff and Board.

(3.2) Consideration of a proposed resolution authorizing the use of one of the leased assets, the Mental Health Rehabilitation Facility at 887 Potrero Avenue, in a proposed lease financing arrangement to finance the acquisition and construction of a Citywide Emergency Radio Communication (911) System.

(3.3) **CHN - Homeless Program** - Approval of a resolution authorizing the Department of Public Health to accept and expend, retroactively, a grant in the amount of $80,000 from the Corporation for Supportive Housing (CSH), for the period of July 1, 1997 to June 30, 1998, to support a portion of the costs for a health educator at the Tom Waddell Health Center, and to fund a portion of the contract with Baker Places as part of the Health, Housing and Integrated Services Network (HHISN) at Canon Kip Community House and the Cambridge, Hamlin and Lyric Hotels.

(3.4) **Central Administration - AB 75 -** Request to authorize the adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds for fiscal year 1997-98.

(3.5) **CHN -** Retroactive pharmacy participation agreement between Pharmaceutical Care Network and San Francisco General Hospital for the period of July 1, 1997 through June 30, 2000.

(3.6) **PH-Prevention -** Supplemental appropriation of $1.5 million from a State settlement of tobacco suit (Mangini Claim) appropriating and reserving funds to be used for a tobacco prevention program targeting youth for FY 1997-98.

(3.7) **PH-Prevention -** Request for contract approval with twelve community-based agencies for the provision of HIV prevention services, individual risk reduction counseling services, venue-based group outreach, multiple group sessions, and large and small media. These services will be provided by the following twelve agencies: Black Coalition on AIDS $20,000, CAL-PEP $15,000, California AIDS Intervention Training Center $35,000, Filipino Task Force on AIDS $15,000, GAPA Community HIV Project $25,000, Haight Ashbury Free Clinics, Inc.-Women's Needs Center $10,000, Instituto Familiar de la Raza $25,000, Iris Center $20,000, Lavender Youth Recreation and Information Center $50,000, National Task Force on AIDS Prevention $50,000, Southeast Asian Community Center $10,000, and Stop AIDS Project $45,000, for a total amount of $320,000 for the period of December 1, 1997 through December 31, 1998.

(3.8) **Central Administration -** Presentation of status of retroactive contracts for FY 1997-98.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **UPDATE ON STATE LEGISLATION**

6) **UPDATE ON MENTAL HEALTH CONSOLIDATION IMPLEMENTATION**

7) **UPDATE ON AB 1040 PROGRESS REPORT. (LONG TERM CARE TASK FORCE)**

8) **REPORT ON DIVERSION**

9) **QUARTERLY REPORT ON AN UPDATE OF THE EMERGENCY MEDICAL SERVICES CONFIGURATION**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

11) **EXECUTIVE SESSION:**

DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11 AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A) **POSSIBLE CLOSED SESSION HELD PURSUANT TO BROWN ACT SECTION 54956.9 AND SUNSHINE ORDINANCE SECTION 67.11**

1) **CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF THE LITIGATION OF JEFF EDWARDS V. CCSF, USDC #C96-2263 PJH, IN THE AMOUNT OF $110,000**

B) **DISCUSSION AND VOTE PURSUANT TO BROWN ACT SECTION 54957.1 AND SUNSHINE ORDINANCE SECTION 67.14 ON WHETHER TO DISCLOSE ACTION TAKEN OR DISCUSSIONS HELD IN CLOSED SESSION**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
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MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, November 4, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

/97

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:15 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 21, 1997

Action Taken: The Commission unanimously adopted the minutes of October 21, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Status Report on California Pacific Medical Center's compliance to Health Commission Policy on Ethnicity, Gender, and Sexual Orientation of staff and Board.

Commissioner Monfredini abstained on this item due to conflict of interest.

Sara Kelly of California Pacific Medical Center presented a letter from CEO Martin Brotman, M.D., indicating the CPMC Board's endorsement to revise its bylaws by increasing and diversifying the Board membership.

Commissioner Barnes requested a progress report be presented to the Budget Committee in 60 days. (December 9, 1997).

(3.2) Consideration of a proposed resolution authorizing the use of one of the leased assets, the Mental Health Rehabilitation Facility at 887 Potrero Avenue, in a proposed lease financing arrangement to finance the acquisition and construction of a Citywide Emergency Radio Communication (911) System.

The Budget Committee recommended approval to the full Commission of Resolution #26-97, "Authorizing the Use of the Mental Health Rehabilitation Facility as Collateral in a Lease Financing Arrangement for the 911 System," (Attachment A).

(3.3) **CHN - Homeless Program** - Approval of a resolution authorizing the Department of Public Health to accept and expend, retroactively, a grant in the amount of $80,000 from the Corporation for Supportive Housing (CSH), for the period of July 1, 1997 to June 30, 1998, to support a portion of the costs for a health educator at the Tom Waddell Health Center, and to fund a portion of the contract with Baker Places as part of the Health, Housing and Integrated Services Network (HHISN) at Canon Kip Community House and the Cambridge, Hamlin and Lyric Hotels.

(3.4) **Central Administration - AB 75 -** Request to authorize the adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds for fiscal year 1997-98.

(3.5) **CHN** - Retroactive pharmacy participation agreement between Pharmaceutical Care Network and San Francisco General Hospital for the period of July 1, 1997 through June 30, 2000.

Commissioner Barnes expressed her concern about the process, and that this agreement is now coming to the Commission after it was signed in August. She urged staff to bring items to the Commission in a timely and appropriate manner.

(3.6) **PH-Prevention -** Supplemental appropriation of $1.5 million from a State settlement of tobacco suit (Mangini Claim) appropriating and reserving funds to be used for a tobacco prevention program targeting youth for FY 1997-98.

Monique Zmuda, Chief Finance Officer, indicated that a plan for dispersing the funds will be brought to the Commission

Note: Dr. Mitch Katz reported that the Department will bring to the Commission a plan for tobacco prevention targeting youth.

(3.7) **PH-Prevention -** Request for contract approval with twelve community-based agencies for the provision of HIV prevention services, individual risk reduction counseling services, venue-based group outreach, multiple group sessions, and large and small media. These services will be provided by the following twelve agencies: Black Coalition on AIDS $20,000, CAL-PEP $15,000, California AIDS Intervention Training Center $35,000, Filipino Task Force on AIDS $15,000, GAPA Community HIV Project $25,000, Haight Ashbury Free Clinics, Inc.-Women's Needs Center $10,000, Instituto Familiar de la Raza $25,000, Iris Center $20,000, Lavender Youth Recreation and Information Center $50,000, National Task Force on AIDS Prevention $50,000, Southeast Asian Community Center $10,000, and Stop AIDS Project $45,000, for a total amount of $320,000 for the period of December 1, 1997 through December 31, 1998.

(3.8) **Central Administration** - Presentation of status of retroactive contracts for FY 1997-98.

Commissioner Monfredini commended staff and expressed her appreciation for the progress shown in processing and certifying contracts.

Monique Zmuda, Chief Finance Officer, reported the Department is analyzing the contract staffing needs to respond to the increase of substance abuse services (i.e., Treatment on Demand). Commissioner Barnes encouraged staff to assess this situation sooner than later. Ms. Zmuda will provide an update at the December 16, 1997 Budget Committee.

Public Speaker: Howard Wallace, Local 250, provided comments on #3.1.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Monfredini abstaining on #3.1.

President Chow announced the two Commission meetings in December will be on December 9 and 16, 1997 from 3:00 p.m.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

COMMUNITY HEALTH NETWORK

Mental Health Rehabilitation Facility (MHRF)

The MHRF celebrates its first anniversary today. The program is now functioning at full capacity with an average daily census of 130 patients. Members of the MHRF executive staff have been invited to present at the Annual Conference of the International Association of Psychosocial Rehabilitation Services in Orlando, Florida, June 15-16, 1998. The two presentations will be entitled "A City Says Yes: A Public Partnership for Change", and "Creating a Multicultural Rehabilitation Program."

Department of Justice Update

As the Health Commission will recall, the Department of Justice spent a week at Laguna Honda Hospital in June reviewing policies and records, interviewing residents and staff, and observing day-to-day operations. The Department of Justice will be conducting a records-review follow-up visit November 11-12. I will continue to keep the Commission informed.

CHN Volunteers for KQED TV Pledge Event

The Community Health Network is recruiting volunteers to participate as a group in the November 29 KQED TV pledge event. This KQED pledge drive will provide the CHN with media exposure to a projected 100,000 viewers in the Bay Area.

Disaster Preparedness Program Open House

The Disaster Preparedness Program at SFGH sponsored an open house to showcase the new Hospital Emergency Incident Command System [HEICS]. Over 300 staff attended the event October 24. Open House events included: individual consultation on unit-based disaster planning; mini-trainings on HEICS; disaster preparedness at home and in the office; and, a review of return-to work protocols. All staff who attended received a family planning disaster calendar provided by the Chevron Corporation's Emergency Response Program.

Maxine Hall Health Center Community Breakfast

The Third Annual Maxine Hall Health Center Community Breakfast, held October 29, was attended by more than seventy agency and community representatives. The program, co-sponsored by the CHN, featured a forum related to needs and visions for health in the community. Services of Maxine Hall were also featured in the program. Several community persons were recruited to work with the health center's advisory board, task force and outreach workers' network. Greg Johnson, CHN Coordinator of Customer Services, described how the network and health centers are working together to provide a seamless integrated delivery system. Attendance was estimated at 50.

Diversion Statistics

Critical Care Diversion for the period October 1 through 31, 1996 is as follows:

> Critical Care diverted for 10.6% or 78 hours and 33 minutes.
> The Emergency Department diverted for 6.7% or 50 hours and 6 minutes.

The Commission will hear a detailed diversion presentation by the Emergency Services Division later in the meeting today.

Employee Recognition Dinner

Over 350 Laguna Honda employees honored fellow staff members at an Employee Recognition Dinner October 17 held at the Irish Cultural Center. Forty-two employees have over 20 years service with the organization.

PUBLIC HEALTH

Article on HIV Seroincidence Appears in American Journal of Epidemiology

Last week an article submitted by the Seroepidemiology Unit of the San Francisco Department of Public Health appeared in the American *Journal of Epidemiology*. Data collected from gay men seeking repeat HIV testing in 1995 was used to estimate the incidence of new infection and identify correlates of HIV seroconversion. The paper reports an HIV seroincidence among gay men in San Francisco of 2.8% per year. The analysis also confirmed known risk factors for seroconversion (younger age, African American ethnicity, unprotected anal sex, multiple sex partners, and popper use).

What was unique about the paper was the method developed for estimating seroincidence. The study used self-reported dates of last HIV negative test to create a measure of HIV incidence. HIV incidence is difficult to measure in general due to the need to follow large numbers of subjects for long periods of time. The study, using available administrative data, arrived at an incidence measure that was very similar to the estimate of incidence for gay men in San Francisco from a much more expansive cohort study. We think the method will be generalizable to other locations and may serve as a useful public health tool to monitor the community-wide impact of our prevention efforts.

Substance Abuse

I am pleased to announce that Barbara Garcia, Director of Homeless Programs for the Community Health Network, has agreed to serve as Acting Director of Community Substance Abuse Services, which is part of the Community Health Services Branch of the Public Health Division. Not only is this an example of cooperation between the two divisions, but it enables Ms. Garcia to bring her considerable talents and experience to an area of high priority within the department while we recruit a permanent director.

I want to take this opportunity to thank Larry Meredith for his past leadership in substance abuse services, including seeing through the first phases of planning and implementation for treatment on demand. As the Commissioners are aware from the last meeting, Dr. Meredith has a huge task ahead of him in his new role as the Director of the Community Health Promotion and Prevention Branch of the Public Health Division. I am gratified that he will now be able to dedicate himself full-time to his new assignment, and I look forward to the development of new prevention initiatives.

Immunization

I am happy to report that Dr. Jan Gurley , the Director of the Community Health Services Research Section, has agreed to take on an additional role as our County Immunization Coordinator. Dr. Gurley has been with the Health Department for over three years and has served capably in a number of important functions, including as Chief of the Health Services Branch of the AIDS Office.

Most recently she has coordinated HIV system-wide development, including the creation and implementation of the Reggie Project, which is a centralized information and service registration system for HIV- infected persons. Dr. Gurley has succeeded in bringing large donations from computer companies of equipment for the Reggie Project and most recently was successful in obtaining a grant from the federal government to support the Reggie Project activities.

In her new role she will be working to increase the rates of childhood and adult immunizations. The Department appreciates her willingness to take on this additional and important role for our Health Department.

School Based Preventive Dental Services

The Public Health Division, Dental Section, has been awarded a grant to participate in the Children's Dental Health Initiative (CDHI) funded by the Dental Health Foundation. The primary purpose of this initiative is to provide school children with preventive dental services that are delivered at or linked to school sites. San Francisco is one of 10 sites selected state-wide to demonstrate this delivery model. The Dental Section implemented a school-based preventive service during FY 1996-97 delivering dental sealants to 200 school children. This award will allow expansion of this preventive service from 200 to 800 children. The award is $58,000 over two years.

Maternal, Child and Adolescent Health

I am pleased to report that the Women, Infants and Children (WIC) Program was awarded a $160,000 grant by the State of California WIC Smoking Cessation Project to provide smoking cessation and second-hand smoke interventions to 1,500 women and their families. Congratulations to Maria LeClaire, Director of Services, and her staff, for submitting the successful grant application.

Occupational Safety and Health

The Occupational Safety and Health (OSH) Section kicked off on September 9 an Ergonomic Awareness Training Program for 1400 Department of Human Services (DHS) employees. DHS Administration requested training to educate employees to the potential health effects associated with a computerized office environment. The training focused on injury prevention through proper workstation set-up and how to apply simple exercises and stretches to reduce muscular stress.

The OSH Section also worked with DHS Administration in the development of a written policy that outlines the methods and procedures the Department will adopt to address future ergonomic issues. Provision of Ergonomics training for employees is a requirement under the new Cal-OSHA Ergonomics Standard as well as the San Francisco Video Display Terminal Ordinance. Training classes at DHS will continue through the end of November.

Occupational Safety and Health Support for SFPD at Hunters Point
The Occupational Safety and Health (OSH) Section is providing ongoing support to the San Francisco Police Department (SFPD), focused around SFPD personnel working out of Building 606 of the Hunters Point Shipyard. When the SFPD leased the building from the Navy and moved personnel into the building last February, personnel immediately reported a variety of adverse health effects, including headaches, nasal congestion, upper airway irritation, sore throats, fatigue, generalized rashes, and a decreased tolerance to physical exercise.

An extensive industrial hygiene evaluation was performed, including interviews with affected personnel, physical inspections, and sampling for specific agents such as volatile organic compounds (VOCs), bioaerosols (fungi/mold), carbon monoxide, and metals, as well as generalized "indoor air quality" indicators such as carbon dioxide, temperature, and relative humidity. Elevated levels of lead, total and/or petroleum hydrocarbons, and trihalomethanes have been identified in several sets of samples, but the source and magnitude of the problem has not yet been identified.

The evaluation did not identify a single agent responsible for the problems; however, several problems were identified related to the haste in which the building was occupied. The building had not been properly pre-cleaned, the long-dormant HVAC system was not started in advance of occupancy, and repairs of failed building systems, such as plumbing components were not completed in advance.

OSH will continue to provide support to the SFPD at the Hunters Point Shipyard. Support includes the review of Navy plans and documentation, observation of contractor activities, establishing controls for SFPD personnel to prevent exposures, and the communication of information regarding site activities and controls to SFPD personnel who are concerned about being stationed in a "Superfund" site.

Open Space Committee
Henry Louie, Senior Environmental Health Inspector, was appointed to the City's Park and Open Space Advisory Committee last month by the Board of Supervisors.

5) UPDATE ON STATE LEGISLATION

Tangerine Brigham, Director of Policy and Planning, provided an overview of the selected health-related Bills that were either introduced by the Legislature or enacted by the Governor. For a copy of the full report, contact the Commission Office (554-2666). Ms. Brigham acknowledged Patricia Dunn, the author of the report.

Ms. Brigham presented the following:

In total, 3,125 Bills were introduced this first year of the two-year legislative session. By end of the session in September 1997, approximately 600 Bills won passage through both Houses of the Legislature and made it to the Governor's desk.

During the 1997 legislative session, proposals for implementation of the Federal Welfare Reform Law were a major agenda item, resulting in the Omnibus Bill (AB 1542) which created the CalWORKS Program. In addition, several other Welfare Reform-related Bills were introduced. both as part of the budget process and as separate legislative proposals. Many of these became two-year Bills will be considered in January 1998.

Moreover, in 1997, numerous proposals were introduced and considered to expand access to health insurance for low-income children and families. The Federal Balanced Budget Act of 1997 provided the opportunity for passage of the Healthy Families Program, aimed at expanding health coverage to low-income, uninsured children. The Legislature convened a joint committee (the Conference Committee on Access to Health Coverage Among Low-Income Californians) to review the Governor's proposal, which ultimately became Health Families. The Committee held public hearings and began reviewing additional proposals to expand coverage to all uninsured Californians.

Although numerous Bills were introduced concerning managed care, Governor Wilson announced he would veto Bills passed by the Legislature. The Governor chose to defer consideration of the Bills until the Managed Health Care Improvement Task Force presents its report. The Task Force was created to determine an appropriate role for government in regulating and improving managed care, and is expected to complete a report with comprehensive recommendations and policy guidance by early next year.

Mr. Brigham reviewed the Legislative Priorities for 1998 (Attachment B).

6) UPDATE ON MENTAL HEALTH CONSOLIDATION IMPLEMENTATION

Jo Ruffin, LCSW, Director of Community Mental Health Services, reported that California has "carved out" mental health services from the Two-Plan Model for managing health care for Medi-Cal recipients, and delegated responsibility and risk for brokering mental health services to County mental health departments. In the first phase of this implementation, on January 1, 1995, the County assumed responsibility for authorizing all Medi-Cal funded inpatient psychiatric services in private community hospitals. In the second phase, on April 1, 1998, the County will assume responsibility for all Medi-Cal funded outpatient mental health services. This will be the San Francisco Mental Health Plan.

Tentatively scheduled for December 9, 1997, Ms. Ruffin will bring a policy consideration to the Commission about whether or not the S.F. Mental Health Plan will provide a single standard of care for Medi-Cal and indigent clients.

Mental Health staff, Louise Rodgers, Nancy Presson, and Josephine McCreary, presented information on the S.F. Mental Health Plan, the development of the provider network by defining the provider types (i.e. - organizational and individual practitioners), goals for the provider network structure, practitioner provider recruitment, and the rate schedule for participating providers.

Ms. Ruffin reported the in-house risk management capacity is being developed. Services to be included are administrative and intermediary services, consumer relations, and claims/payments processing.

Commissioners' Comments:

- encouraged Mental Health to gain from the CHN experience of claims/payments processing
- information and data should be analyzed on the profile of provider applicants, the demand for services, and the Division's capacity to monitor
- how will community-based organizations be affected?
- what are other Counties doing?
- provider network should reflect the diversity of the target population

Ms. Presson reported that other Counties (i.e. - San Mateo, Solano, Contra Costa, Los Angeles, Alameda) manage the mental health programs themselves. San Diego County has contracted out to a managed care company.

Ms. Presson will come back to the Commission with a progress report on the diversity of the provider network.

Commissioner Monfredini left at 4:30 p.m.

7) UPDATE ON AB 1040 PROGRESS REPORT. (LONG TERM CARE TASK FORCE)

Tony Wagner, Deputy Administrator for the Community Health Network and Co-Chair of the Long-Term Care Task Force, presented an update on efforts to develop a long-term care delivery system. For a copy of the full report, contact the Commission Office (554-2666).

Mr. Wagner reported the following:

The Long-Term Care Pilot Project Task Force has been meeting monthly since April 1997. This 27 member body consists of representation from consumers, service providers, community advocates, public agencies, housing developers, business, and labor. Its charge is to develop the components of a long-term care plan based on the requirements of the State's Long-Term Care Integration Pilot Program. Jennie Chin Hansen, the Executive Director of On Lok, Inc., is the Co-Chair of the Task Force.

Through its work, the Task Force expects to achieve the following: (1) a service delivery model that incorporates a range of home and community-based services and institutional services; (2) methods of collaboration between public and private providers; (3) mechanisms for shifting financial resources to appropriate, cost-effective services, and to home-based and community-based programs; (4) approaches to organizing the service delivery system that enhance consumer choice and maintain quality of life; and (5) improvements in the service delivery system that focus on the comprehensive needs of consumers.

To assist the Task Force in developing the long-term care plan, five Design Teams (Service Delivery, Scope of Services, Resource Allocation and Financing, Supportive Housing, and Consumer Issues) were created. Design Teams began meeting in July 1997. The scope of work for each Design Team has been guided by the requirements of the State's 1996 Request for Applications (RFA), which was considered a reasonable basis for meeting requirements of the upcoming 1997 RFA. Once work has been completed, each Design Team will make recommendations to the Task Force concerning its separate areas of investigation.

The charge of the Service Delivery Design Team is to develop a coordinated long-term care service delivery system that incorporates consumer choice and facilitates the provision of care in the most appropriate, least restrictive setting.

The charge of the Scope of Services Design Team is to delineate the specific long-term care services to be provided to eligible beneficiaries.

The charge of the Resource Allocation and Financing Design Team is to determine how to: (1) use funding and reimbursement programs to support the long-term care services included in the service delivery model recommended; and (2) realign such funding and reimbursement programs to create a seamless financing system that can shift funding from one service component to another as needed.

The charge of the Supportive Housing Design Team is to investigate a range of residential options and supportive services needed to enhance the provision of long-term care services for consumers. Members are developing a conceptual housing model which will demonstrate what housing options now exist and will be needed over the next 20 to 25 years.

The charge of the Consumer Issues Design Team is to evaluate the long-term care service delivery model under consideration and recommend how services should be provided from a consumer perspective. As part of its efforts to ensure the new model addresses consumer needs, members have focused a substantial amount of time conducting five initial community forums.

The Task Force sponsored five community forums in October 1997 to obtain input from consumers, family caregivers, and advocates regarding long-term care services in San Francisco. The forums were held at neighborhood locations including: (1) the Recreation Center for the Handicapped; (2) Horace Mann Middle School; (3) Southeast Community College; (4) Rosa Parks Senior Apartments; and (5) the Pacific Bell Conference Room.

DPH staff worked closely with Commission on the Aging (COA) staff to organize these forums. Significant outreach was undertaken by both DPH and COA to ensure that older adults, disabled adults, persons with HIV, and persons with chronic illness would be in attendance. Three members of the Consumer Issues Design Team served as panelists at each event. Sign language and translation services were provided as needed. Many attendees expressed appreciation for being asked to present their experiences and their opinions. Attendance at the forums ranged from 50 to 70 people.

The following issues were consistently raised by attendees at the forums. This information will be used by the Design Teams as they continue to develop a more comprehensive long-term care service delivery system.

Long-Term Care Issues. Many consumers, caregivers and advocates expressed the need for affordable long-term care services designed to keep older and disabled adults at home and in the community as long as possible. Specific services requested included: (1) increased in-home supportive services; (2) expanded capacity in adult day health care centers; (3) respite care options to help caregivers; and (4) expanded housing options such as residential care facilities.

Related Service Issues. Attendees expressed the need for vitally important support services including: (1) improved transportation to enable older and disabled adults to get to medical appointments and community-based services like adult day health care; (2) expanded meals programs and nutritional counseling; and (3) additional funds to raise wages for in-home supportive services (IHSS) workers to improve the quality of care.

Specific Populations. In regard to specific populations, attendees expressed the need for: (1) more services and facilities for younger, disabled adults; (2) more residential care facilities for developmentally disabled adults; and (3) support services for persons with HIV disease who have significant hearing loss.

Training/Staff Issues. Many consumers and caregivers expressed the need for: (1) better skills training to improve the quality of IHSS workers as well as attendants in residential care facilities; and (2) sensitivity training for social workers working with elderly and disabled persons.

Facilities. In regard to facilities, attendees expressed needs for: (1) more residential care facilities in different neighborhoods; (2) more health and social services in residential care facilities to serve an increasingly frail population; (3) options to convert acute care beds in hospitals to long-term care beds, and (4) an intermediate care facility in San Francisco, specifically for the developmentally disabled.

Last month, Task Force Co-Chairs Jennie Chin Hansen and I, and the Project Coordinator, met with the State Department of Health Services (DHS) about the Long-Term Care Integration Pilot Program. The purpose of the meeting was to review San Francisco's planning for submitting an application to become a long-term care pilot project. In addition, the State provided information about program oversight and the scope of this year's Request for Applications (RFA).

We learned that the RFA will be more flexible and stream-lined than last year. The development of a proposal will begin a collaborative process with DHS. Different options will be available for participation. The RFA will include a significant amount of information about waiver options. The RFA will not have an established deadline date for proposal submission. Instead, jurisdictions will be able to determine when they are prepared to apply to become a pilot project. Also, the program is no longer restricted to five sites (i.e., counties), eliminating competition between localities. A letter will be sent to all interested counties explaining this new approach in greater detail. It is anticipated that the RFA will be issued by the end of December 1997. At this time, we estimate submitting a response to the RFA in the spring/summer of 1998.

Mr. Wagner will continue to provide updates.

8) REPORT ON DIVERSION

Dr. John Brown, MPA, Medical Director of the Emergency Medical Services Section, presented background information on hospital diversion and its impact on the EMS system. For a copy of the full report, contact the Commission Office (554-2666). He reported that he is working with all of the hospital administrators on some short term and long term solutions (Attachment C) to decrease the number of diversion hours per hospital and to decrease the number of times when multiple hospitals divert simultaneously.

Dr. Brown commented that none of the hospitals want to be on diversion; and everyone wants to be part of a system that works. He pointed out the critical care nursing shortage and the need to have trained critical care nurses. He commented that this is a system crisis, not an individual patient crisis.

Commissioners' Comments:

- information is needed on how many critical care beds are available at each hospital and each hospital's ability to flex-up
- have hospitals decided to reduce their critical care capacity?
- more information is needed on critical care staffing
- is the 1989 ambulance destination protocol being presently used?
- if this diversion is at a crisis level, a more quick response is needed
- need to implement short term and long-term solutions
- what is an acceptable rate of diversion?
- strongly urge the development of an action plan with some solutions
- expressed concern for the impact on quality of care
- expressed feeling of responsibility to come to some resolution

Dr. Katz will bring to the Commission a progress report on the short-term and long-term solutions on December 9, 1997.

9) QUARTERLY REPORT ON AN UPDATE OF THE EMERGENCY MEDICAL SERVICES CONFIGURATION

Dr. John Brown, MPA, Medical Director, Emergency Medical Services Section, in coordination with members of the S.F. Fire Department, EMS Division Chief Richard Shortall and Fire Department Medical Director Dr. Marshall Isaacs, provided the first quarter progress report since the transfer of function of Paramedic Services to the S.F. Fire Department occurred on July 1, 1997.

Dr. Brown reported the following:

Since July 1, a number of significant accomplishments have occurred within the S.F. Fire Department, including the institution of a new administrative structure for the delivery of emergency medical services within the Fire Department, utilizing a single integrated chain of command. Chief Richard Shortall was appointed Emergency Medical Services Division Chief, and has selected his administrative staff. Chief Shortall and the Fire Department Medical Director, Dr. Marshall Isaacs, have made a number of improvements in the areas of Comprehensive Quality Improvement, Data Reporting, Combined Fire and EMS Dispatching and Medical Oversight.

The EMS Section of the Department of Public Health has continued its monitoring and regulatory function during this transition. We have developed system-wide treatment protocols following the standards set by the Uniform Treatment Protocols sponsored by the State of California. We have developed Criteria-Based Dispatch Protocols conforming to nationwide Emergency Medical Dispatch Standards.

We will continue to monitor and report to the Health Commission the progress of the San Francisco Fire Department's efforts to provide quality emergency medical services. The EMS Section has dedicated a significant effort over the last two years to bring about these historical changes. We are hopeful that at this time, because of the efforts of the S.F. Fire Department, the EMS Section will be able to redirect its efforts towards improving other important aspects of our Emergency Medical Services System.

Mr. Shortall and Dr. Isaacs presented a status of the Fire Department Emergency Medical Services covering areas of administration, station deployment/paramedic captains, combined communications center, medical direction, quality/risk management, training, multicasualty incidents/special events, and response times. For a copy of the full report contact the Commission Office (554-2666).

Dr. Isaacs will report back in 3-4 months another update on the Reconfiguration Plan.

In relation to the previous agenda item on diversion, Mr. Shortall offered to assist in gathering information on the number of patients actually being diverted. He suggested a pilot project to gather this data.

President Chow expressed the Commission's appreciation to staff on the orderly transition of the paramedic services to the S.F. Fire Department.

10) OTHER BUSINESS/PUBLIC COMMENTS

None.

11) EXECUTIVE SESSION:

DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11 AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A) POSSIBLE CLOSED SESSION HELD PURSUANT TO BROWN ACT SECTION 54956.9 AND SUNSHINE ORDINANCE SECTION 67.11

Action Taken: The Commission unanimously voted to conduct a closed session.

1) CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF THE LITIGATION OF JEFF EDWARDS V. CCSF, USDC #C96-2263 PJH, IN THE AMOUNT OF $110,000

Action Taken: The Commission unanimously approved the settlement in the amount of $110,000.

B) DISCUSSION AND VOTE PURSUANT TO BROWN ACT SECTION 54957.1 AND SUNSHINE ORDINANCE SECTION 67.14 ON WHETHER TO DISCLOSE ACTION TAKEN OR DISCUSSIONS HELD IN CLOSED SESSION

Action Taken: The Commission unanimously voted not to disclose discussions held in closed session.

11) PUBLIC COMMENTS

The meeting was adjourned at 6:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 26-97

AUTHORIZING THE USE OF THE THE MENTAL HEALTH REHABILITATION FACILITY AS COLLATERAL IN A LEASE FINANCING ARRANGEMENT FOR THE 911 SYSTEM

WHEREAS, the electorate of the City and County of San Francisco ("City") authorized the City to enter lease financing arrangements to finance the acquisition and construction of a Citywide Emergency Radio Communication System ("Project"); and,

WHEREAS, the City has determined the use of certain Police, Fire and Health facilities in such lease financing arrangements shall provide the City with the most economical method of financing the Project; and,

WHEREAS, the City proposes to use the Mental Rehabilitation Facility as one of the leased assets in the lease financing arrangements; and,

WHEREAS, the Mayor's Office requests the Health Commission to approve the use of this asset in the proposed financing; now, therefore, be it

RESOLVED, that the Health Commission hereby authorizes the use of the Mental Rehabilitation Facility in the proposed financing, provided that such financing is approved by the Board of Supervisors; and, be it

FURTHER RESOLVED, that the Interim Director of the Health Department is hereby authorized and directed to take such actions necessary to consummate the matters contemplated by this Resolution.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 4, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A
Page 1 of 1

LEGISLATIVE PRIORITIES FOR 1998

There are a number of legislative activities that the Department will undertake during the State's 1997-98 legislative session. In addition to monitoring legislative proposals and working with the City and County's lobbyist to take positions on proposed bills, the Department may seek legislation to assist the City and County in preserving and/or enhancing the public health system consistent with policies adopted by the San Francisco Health Commission. The Department will work proactively with the City's lobbyist on such issues as:

- Disproportionate Share Funding: The Department regularly works with the California Association of Public Hospitals and Health Systems (CAPH) to preserve critical disproportionate share funding. In 1998, we may again work at a redesign/restructure of the disproportionate share program. The Balanced Budget Act of 1997 implements reductions in the disproportionate share program. We will also work with the State, CAPH and other DSH providers to address the administrative fee taken by the State . While the Governor did reduce the administrative fee in 1997-98, additional reductions make be pursued for the 1998-99 state budget. It is critical that the Department will work with other county hospitals and CAPH to appropriately maximize revenues under this federal program.

- HIV/AIDS: The Department is committed to maintaining services for persons with HIV or AIDS and stemming the spread of HIV disease. Given this, the Department will monitor legislation on: (1) return to work issues, (2) mandatory testing, (3) surveillance (i.e., partners notification and HIV reporting by name or identifier) and (4) needle exchange.

- Health Insurance: Expanding health care coverage may continue to be a major legislative issue in the upcoming State legislative session. There are a number of pending bills that propose expanding health insurance to uninsured adults. We will closely monitor these bills along with determining if the City and County needs legislation related to the work of the Mayor's Blue Ribbon Committee on Universal Health Care.

- Managed Care: This year Governor Wilson vetoed the majority of managed care legislation sent to him. He called for a moratorium on managed care legislation until the Managed Health Care Improvement Task Force presents its report early next year. After the issuance of this report, the Department anticipates that several legislative bills will be introduced. While the bills will not probably not address Medi-Cal managed care, they will still impact the Department as a provider of care within the large managed care setting.

- Medi-Cal Managed Care: The Department remains concerned that the State's miscalculation in the number of mandatory enrollees makes the two-plan model non-viable. We believe, and the State supports, the need to explore different Medi-Cal managed care models in affected counties. In such cases, we will work cooperatively with other Medi-Cal managed care counties, commercial plans and other affected parties.

- Mental Health Conference Committee: The Legislature has recently formed a joint committee to address mental health issues. This select committee will look at such issues as state funding and managed care. The Department will closely follow the deliberations of this committee to determine what impact, if any, there will be on the Department's development and implementation of its mental health managed care plan.

- State Budget: The Governor's proposed 1998-99 State Budget will be released in early January 1998. The budget summarizes the Governor's policy issues and provide State funding levels for various health programs. Depending upon the program initiatives and program cuts proposed by the Governor, the Department may likely weigh in on these issues by working with the City's lobbyist. Specifically, the Department is concerned that the budget may: (1) reduce skilled nursing facility reimbursement rates, (2) change Section 17000 of the Welfare and Institutions Code obligations and (3) further restrict health care funding to undocumented persons.

EMERGENCY MEDICAL SERVICES SECTION
CRITICAL CARE/TOTAL DIVERSION

DRAFT RECOMMENDATIONS

Hospital Recommendations

Short Term:

1. Develop Uniform Internal Diversion Standards, including:
   - a. Assessment – components, such as staff, beds available, status of ancillary services to identify impending diversion status
   - b. Develop-diversion alert – uniform criteria
   - c. Uniformity of application of diversion – when and how to use
   - d. Standardize measures to avoid diversion
2. Use CHORAL system to announce pre-diversion alert

Long Term

1. Coordinate nursing training among hospitals
2. Cross train critical care personnel (E.D.- I.C.U.)
3. Offer critical care training for staff nurse personnel, especially new graduates
4. Develop a pool of critical care nurses available as needed to staff beds; the "Staff Up" concept

Recommendations for EMS System

Short Term

1. Develop Ambulance System Management for dispatch which will be sensitive to Ambulance disposition and impacted hospitals (e.g. avoid overloaded hospitals when possible)
2. Initiate training for EMS Personnel on measures to avoid overloading hospitals and patient triage to non-impacted hospitals.

Long Term

1. Develop Uniform Triage standards for dispatch & field operations to improve patient destination decisions and decrease inter-facility transfers.
2. Integrate hospitals into the ambulance CAD-VL to fully visualize status of Hospitals in conjunction with ambulance flow.

Planned Strategy Groups

1. Uniform standards / Hospital strategies (Hospital Administrative Personnel)
2. Diversion Users (ED Nurses, Nurse-managers, CC Nurses, EMT-P's)
3. Receiving Hospital Liaison Committee will operationalize strategies chosen

Edward A. Chow, M.D.
President
Lee Ann Monfredini
Vice President
Debra A. Barnes
Commissioner
Roma P. Guy, M.S.W.
Commissioner
Ron Hill
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Harrison Parker, Sr., D.D.S.
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Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
FAX: (415) 554-2665

18/97

AGENDA

HEALTH COMMISSION MEETING

November 18, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING NOVEMBER 4, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Status Report on Catholic Charities' compliance to Health Commission Policy on Ethnicity, Gender, and Sexual Orientation of staff and Board, and consideration of a contract renewal with Catholic Charities in the amount of $160,720 per year to provide community outreach and 24-hour services at the Peter Claver AIDS Program for the period of January 1, 1998 through June 30, 1999.

(3.2) Status Report on St. Luke's Hospital's compliance to Health Commission Policy on Ethnicity, Gender, and Sexual Orientation of staff and Board.

(3.3) **PH-AIDS** - Request for approval of a resolution authorizing the Department of Public Health, AIDS Office, to accept and expend, retroactively, a grant in the amount of $151,123 from the Centers for Disease Control and Prevention for the period of September 30, 1997 to September 29, 1998, to recruit from selected sites, persons identified as recently infected with HIV to determine the effectiveness of enhanced partner notification.

(3.4) **PH-AIDS** - Request for approval of a resolution authorizing the Department of Public Health, AIDS Office, to accept and expend, retroactively, a grant in the amount of $337,800 from the Health Resources and Services Administration for the period of October 1, 1997 to September 30, 1998, to demonstrate the usefulness of a uniform reporting system of client-level data for the evaluation of AIDS service programs funded by Ryan White CARE Act.

(3.5) **CHN** - New contracts with Transcription Stat, Inc., Bay Area Medical Transcription and Automated Document Services for the provision of as-needed medical transcription services for the period of December 1, 1997 through November 30, 1999 for a combined total not to exceed $300,000 per year.

(3.6) **CHN** - Retroactive multiyear renewal contract and sole source request with Baker Places, Inc., in the amount of $685,621 per year, for the period of July 1, 1997 through June 30, 2000. (DPH contracted with Baker Places for services totaling $7,616,966 during FY 1996-97).

(3.7) **CHN** - Retroactive renewal contract with Bayview Hunter's Point Adult Day Health Center (BVHP ADHC), in the amount of $50,858 for the provision of therapeutic day recreation, personal care, and exercise assistance to frail elders and disabled persons, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with BVPH ADHC for services totaling $50,858 during FY 1996-97).

(3.8) **PH-Prevention** - Retroactive renewal contract with Mission Neighborhood Health Center (MNHC), in the amount of $294,254 to provide early intervention services for persons with HIV for the period of July 1, 1996 through June 30, 1997, and for startup costs in preparation for an HIV-1 study for the period of October 27, 1997 through December 31, 1997. (DPH contracted with MNHC for services totaling $878,159 during FY 1996-97).

(3.9) **PH-Prevention** - Retroactive renewal contract with International Institute, in the amount of $333,401, for the provision of preventive health care services to refugees and new immigrants, for the period of October 1, 1997 through September 30, 1998.

(3.10) **PH-Health Services-CMHS** - Retroactive renewal contract and sole source request with San Francisco State University (SFSU) in the amount of $77,394 to provide training for clinicians and mental health providers for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFSU for services totaling $80,000 during FY 1996-97).

(3.11) **PH-Health Services-CMHS** - New contract and sole source request with United Behavioral Health (UBH), in the amount of $510,000 to integrate cCura3, a Behavioral Managed Care software application, with the current INSYST billing system for the period of December 1, 1998 through June 30, 1998. (DPH contracted with PSP Information Group, which was bought out by UBH, for services totaling $742,913 during FY 1996-97).

(3.12) **PH-Health Services-CSAS** - Retroactive new contract and sole source request with Japanese Community Youth Council, Inc. in the amount of $591,822 to provide substance abuse prevention services to Asian American youth for the period of July 1, 1997 through June 30, 1998.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **UPDATE ON MEDICAID WAIVER PROCESS (1115 WAIVER)**

6) **CONSIDERATION OF A RESOLUTION REGARDING THE COMMUNITY HEALTH NETWORK (CHN) OUTPATIENT PHARMACIES' DISPENSING OF MEDICATIONS FOR NON-CHN PROVIDERS AND PATIENTS**

7) **UPDATE ON MANAGEMENT INFORMATION SERVICES (MIS) IMPLEMENTATION IN THE DEPARTMENT OF PUBLIC HEALTH**

8) **CONSIDERATION OF A RESOLUTION COMMENDING THE CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD FOR THE CLEANUP OF THE MOBILE DEBRIS BOX DISPOSAL SERVICE SITE IN BAYVIEW HUNTERS POINT**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

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Vice President

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Commissioner

Roma P. Guy, M.S.W.
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18/97

MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 18, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:15 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S. Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Ron Hill

2) APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 4, 1997

Action Taken: The Commission unanimously adopted the minutes of November 4, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Status Report on Catholic Charities' compliance to Health Commission Policy on Ethnicity, Gender, and Sexual Orientation of staff and Board, and consideration of a contract renewal with Catholic Charities in the amount of $160,720 per year to provide community outreach and 24-hour services at the Peter Claver AIDS Program for the period of January 1, 1998 through June 30, 1999.

Commissioners expressed appreciation and commendation to Frank Hudson, CEO of Catholic Charities, and Board members of Catholic Charities, for their efforts towards compliance to the Commission's policies.

(3.2) Status Report on St. Luke's Hospital's compliance to Health Commission Policy on Ethnicity, Gender, and Sexual Orientation of staff and Board.

> Commissioner Monfredini expressed appreciation for the letter from Jack Fries, CEO of St. Luke's Hospital, and the presence of Board member Connie Mardikian.
>
> As a follow-up, Commissioner Monfredini requested a status report be presented to the Budget Committee at the second meeting in February 1998.

(3.3) **PH-AIDS** - Request for approval of a resolution authorizing the Department of Public Health, AIDS Office, to accept and expend, retroactively, a grant in the amount of $151,123 from the Centers for Disease Control and Prevention for the period of September 30, 1997 to September 29, 1998, to recruit from selected sites, persons identified as recently infected with HIV to determine the effectiveness of enhanced partner notification.

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> Commissioner Barnes requested follow-up on the Department's recommendation to the contractor to specify what the program should accomplish and the date by which it is to be accomplished.
>
> Commissioner Sanchez would like to see the outcomes of this contract.

(3.7) **CHN** - Retroactive renewal contract with Bayview Hunter's Point Adult Day Health Center (BVHP ADHC), in the amount of $50,858 for the provision of therapeutic day recreation, personal care, and exercise assistance to frail elders and disabled persons, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with BVPH ADHC for services totaling $50,858 during FY 1996-97).

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(3.10) **PH-Health Services-CMHS** - Retroactive renewal contract and sole source request with San Francisco State University (SFSU) in the amount of $77,394 to provide training for clinicians and mental health providers for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFSU for services totaling $80,000 during FY 1996-97).

At the request of the City Attorney's Office, this item will be continued to the next meeting.

(3.11) **PH-Health Services-CMHS** - New contract and sole source request with United Behavioral Health (UBH), in the amount of $510,000 to integrate cCura3, a Behavioral Managed Care software application, with the current INSYST billing system for the period of December 1, 1997 through June 30, 1998. (DPH contracted with PSP Information Group, which was bought out by UBH, for services totaling $742,913 during FY 1996-97).

Commissioner Monfredini thanked CEO Saul Feldman for his letter dated November 11, 1997. She requested a status report on Board compliance be calendared for the Budget Committee in March 1998.

(3.12) **PH-Health Services-CSAS** - Retroactive new contract and sole source request with Japanese Community Youth Council, Inc. in the amount of $591,822 to provide substance abuse prevention services to Asian American youth for the period of July 1, 1997 through June 30, 1998.

Commissioner Monfredini commented on the retroactivity of this contract.

Commissioner Barnes encouraged the Department to plan ahead in requesting demographic information, especially knowing the contract would come to the Commission retroactively.

Action Taken: The Commission unanimously approved items #3,1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.11 and 3.12.

Item #3.10 was continued to the next meeting.

Note: At the request of President Chow, #3.11 was taken off the Consent Calendar and discussed separately before unanimously approving the item.

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Prenatal Care

On November 12, 1997, the California Supreme Court refused to hear arguments on whether the State Department of Health Services had authority to issue emergency regulations eliminating prenatal care to undocumented women. The State has announced that it will terminate State-funded prenatal care services to new applicants on December 1, 1997, and will terminate services to current beneficiaries on January 1, 1998.

On November 25, 1997, the Alameda Superior Court will hold a hearing to determine whether the proposed regulations should be stopped pending trial on the substantive issues of the regulations. Providers can continue to obtain reimbursement for prenatal care services provided to undocumented until they receive notification otherwise. The Department of Public Health will continue to provide prenatal care services to all women regardless of income or residency status.

Medi-Cal Managed Care

I am pleased to report that a federal bill has been introduced by Representative Radanovich, California (H.R. 3014) which would expand the number of County Organized Health Systems (COHS) in California. Under this bill, four new COHSs could be created, increasing the number of beneficiaries who participate in these managed care delivery systems. Representative Pelosi is a co-sponsor of the bill.

The Department has been working actively with the State Department of Health Services, the Local Health Plan of California, San Francisco Health Plan and our federal lobbyist to develop a more appropriate managed care delivery system in our county. As you know, San Francisco no longer meets the State's threshold for participation in the Two-Plan Model.

Federal Budget

On November 10, 1997, Congress passed the Fiscal Year 1998 Appropriations Bill for the Departments of Labor, Health and Human Services and Education. This bill provides the federal government with spending authority for these three departments. Specific to San Francisco, the bill contains language which:

- Includes sufficient (as yet specified) funds for planning, implementation and evaluation of San Francisco's treatment on demand and substance abuse prevention within the Substance Abuse and Mental Health Services Administration,

- Urges the Center for Disease Control and the Agency for Toxic Substances and Disease Registry to collaborate with State and local health departments to review existing cancer registry data on breast cancer incidence, and mortality in the Bay Area, to determine what area-based assessments may be necessary and issue a report on the findings and recommendations, and

- Encourages the Agency for Health Care policy and Research to provide localities with planning and evaluation assistance to determine innovative financial and organizational mechanisms to expand health care coverage to uninsured residents.

We would like to thank Representative Nancy Pelosi's office for working with the Department to include these necessary provisions in the Appropriations Bill.

COMMUNITY HEALTH NETWORK

The Mayor's Great Sweep

On November 8, a group of CHN staff, along with members of the 24th Street Merchants Association, combined their energies and resources to participate in the Mayor's Great Sweep. Together the group swept 24th Street clean from Potrero Avenue to Mission Street. This united effort not only resulted in a cleaner 24th Street, but it strengthened the Department's relationship with neighborhood merchants.

Smoke Free Plan for LHH

Laguna Honda Hospital is in the process of implementing a smoke free plan for the institution. In light of this, on November 12, Dr. Neil Benowitz, M.D., Chief of the CHN Pharmacy Council, was invited to discuss nicotine addiction and the public policy surrounding smoking. His presentation touched on why smoking is the most potent way of delivering an addicting drug, and why breaking the addiction to nicotine is extremely difficult. In addition, Dr. Benowitz described the changes in public policy over the years, and the marketing strategies employed by tobacco companies.

Diversion Statistics

Diversion statistics for the period November 1 through 13, 1997 are as follows:

Critical Care diverted for 1.17% or 3 hours and 35 minutes
Total diverted hours were 10.24% or 31 hours and 18 minutes.

PUBLIC HEALTH

Golden Gate Park Survey

The Health Department began an environmental health assessment survey today of Golden Gate Park. This action was precipitated by recent reports of increased dirty needles and evidence of defecation within the park.

Three teams, each consisting of one Environmental Health Inspector, one Recreation and Park employee, and a Police Officer, began to survey the park this morning for needles and unsanitary conditions. Each team is assigned to a specific sector of the park (east - central - west). Sharps will be collected and disposed of properly. Recreation and Park will send staff to clean unsanitary sites when noted by the teams.

As of the lunch break today, 15 sites had been visited. Sites were determined by previous use, visual suspicion of activity, or as directed by the Recreation and Park employees. Richard Lee, team leader, reported no needles were found this morning in the surveyed sites and the general sanitation was acceptable.

DPH homeless outreach workers continue to work with clients who formerly resided in the park to ensure their medical and physical needs are met. Supervisor Teng has called a hearing on criminal activities in Golden Gate Park this Thursday. I will testify for the Department at the hearing and present preliminary findings of the survey.

Maternal, Child and Adolescent Health Grant

I am pleased to report that the Public Health Division has received a 3-year grant from the State Department of Social Services, Office of Child Abuse and Prevention. Maternal, Child and Adolescent Health will serve as the lead agency partnering with the California Association for Health Education and Employment (CAHEED) and Jelani House. The project targets at risk pregnant women. San Francisco's project has identified African American women in the Bayview and Sunnydale areas as the focus. The first year award is $350,000, the subsequent two years, $302,000.

Community Dialogue

On November 22, Community Mental Health Services will host a Community Dialogue for consumers, family members, advocates and others affected by the upcoming changes in the public mental health system. Announcements have been distributed widely to reach Medi-Cal beneficiaries and indigent San Franciscans. CMHS has adopted Community Dialogues as a method of informing and engaging consumers and advocates in the development and design of the San Francisco Mental Health Plan scheduled for full implementation April 1, 1998.

Cultural Competence and Mental Health Summit

CMHS staff presented two workshops at the statewide Cultural Competence and Mental Health Summit in Sacramento November 4 and 5. Mental health educators conducted a workshop on suicide prevention with an emphasis on working with special populations. Staff conducted a second workshop focusing on cultural competence assessments of organizations and agencies, based on the San Francisco model. Cultural assessments will be required for all county mental health services under the Phase II Consolidation. Presenters included: Jeannie Kwong, MPH; Nora Goodfriend-Koven, MPH; Angeler Tripajayakorn, BFA; and Tina Yee, Ph.D., Associate Director for Cultural Competence and Consumer Relations.

Lion Awards
CMHS announced this quarter's Lion Awards for Excellence winners. Lion Awards are given to staff that demonstrate extraordinary efforts to provide high quality appropriate care to mental health consumers enabling them to live in the least restrictive community setting. This quarter's winners are: Joyce Griffin, a Social Worker in the Conservator's Office, and Diana Yee, a Social Worker at Chinatown/North Beach Mental Health Services Integrated Services Center. I would like to extend congratulations to the winners on behalf of the Department.

October statistics are available in the Commission Office.

President Chow acknowledged the appreciation party for Dr. Elliot Rapaport today. Commissioner Parker will represent the Commission and present a special Certificate of Appreciation to Dr. Rapaport.

5) UPDATE ON MEDICAID WAIVER PROCESS (1115 WAIVER)

Tangerine Brigham, Director of Policy and Planning, presented information on planning issues in developing a Federal 1115 Medicaid Waiver for the City and County of San Francisco.

Her presentation covered the following areas:

- A general discussion on overall planning approach
- A proposal for the planning structure
- A list of key interested parties along with a method for ensuring inclusiveness in the planning process, and
- A preliminary discussion of outside expertise needed for development of a waiver

For a copy of the full presentation, contact the Commission Office (554-2266).

Ms. Brigham commented that the 1115 Waiver is part of a strategy to bring change into the health care system. As the planning proceeds, there could be a possibility to abandon the Waiver if it does not benefit the Department. There may be a need to see what an alternative approach could be.

Ms. Brigham also reported the Department has been informed that the State is drafting a "generic" Statewide 1115 Medicaid Waiver for possible submission to the Health Care Financing Administration. This would be done in lieu of having each county submit a waiver proposal. The State indicates that in preliminary conversations the Heath Care Financing Administration has been positive to this approach. The State is still determining the feasibility of this approach given that each county wants to change different aspects of its delivery system.

Ms. Brigham will bring to the Commission at its December 9, 1997 meeting a proposed resolution addressing policy issues related to the Commission's oversight role, the appointment of a Planning Committee for the waiver, and the release of an RFP for consultant services for the waiver.

Public Speakers: Dexter Louie, M.D., S.F. Medical Society
Nathan Nayman, Hospital Council
Jim Hickman, Blue Cross of California
John Gressman, S.F. Community Clinic Consortium

Commissioners' Comments:

- An inclusive planning process to discuss a critical pathway is necessary
- The Health Commission as an oversight body over the total planning process does not need to be a member of the Planning Committee
- The Health Commission should have input into the planning process and should be represented on the Planning Committee
- The Chair of the Planning Committee should have communications with the State
- Stakeholders serving on the Planning Committee are necessary
- There may be a need for Subcommittees to focus on specific areas
- From where would funds for the consultants come?
- It is important to have a consensus at the Planning Committee level
- The focus of responsibility should be with the Health Commission, not the Planning Committee
- The planning process used for the EMS Reconfiguration is a good model
- Important to have a public process
- Need to have public input, with a timetable and public hearings
- Consultants should be working on behalf of the oversight body
- (i.e. - Health Commission)
- Consumer participation/organizations should be included and not turned away
- The proposed structure for the planning process has a good focus

Ms. Brigham stated that the Department is looking for funds for consultants in the Department and from other stakeholders.

The Commission commended Ms. Brigham for a comprehensive presentation and will consider policy issues at the December 9, 1997 meeting.

6) CONSIDERATION OF A RESOLUTION REGARDING THE COMMUNITY HEALTH NETWORK (CHN) OUTPATIENT PHARMACIES' DISPENSING OF MEDICATIONS FOR NON-CHN PROVIDERS AND PATIENTS

Dr. Mitch Katz, Interim Director of Health, presented information (Attachment A) for considering a policy change to limit pharmaceutical services to Community Health Network (CHN) patients.

Commissioners' Comments:

- Is this policy direction a negative impact on access for indigent patients?
- Is choice being taken away from patients for continuity of care?
- Providers should be approached first to joint the CHN.
- This is a basic financial issue that will arise in different areas of public health.
- Who are these out-of-network patients? Need a composite of this population.
- Need to solicit comments from the public.

- Need more information about the Department's present capacity to collect appropriate pharmaceutical reimbursement.

President Chow requested the Department to provide more information to the Commission. This item was continued to a future meeting.

Commissioner Parker left at 5:00 p.m.

7) UPDATE ON MANAGEMENT INFORMATION SERVICES (MIS) IMPLEMENTATION IN THE DEPARTMENT OF PUBLIC HEALTH

The MIS presentation included information from:

Monique Zmuda, CFO
Dr. Bob Brody, Chief Information Officer, CHN
Vicki Zulueta, Central Administration, Information Technology
Dave Counter, DPH MIS Director
Bob Prentice, Ph.D., Executive Administrator, Public Health Division
Joe Abrego, Chief Information Officer, Public Health Division

The highlights of their presentations were:

I. MIS Organization and Committee Structure
Central Administration Role and Responsibilities
Unique Identifier Within DPH - Plans to Fulfill the Vision

II. Community Health Network MIS Role in Patient Care
Demonstration of Lifetime Clinical Record
Need for MIS Infrastructure for System Maintenance
Future System Requirements

III. Public Health: Role of MIS in Healthy Communities
Public Health Data Base
Mental Health Managed Care System Requirements

MIS plans to: 1) develop a unique identifier for DPH-wide perspective, 2) build an adequate infrastructure at the CHN to maintain current systems with in-house resources and expand clinical applications in the future, 3) develop a public health date base, and 4) develop a customized product to implement our mental health managed care plan.

For a copy of the complete MIS report, contact the Commission Office (554-2666).

The Commission thanked the Department for a comprehensive presentation. At a future meeting the Department will bring a resolution addressing MIS policy directions.

8) CONSIDERATION OF A RESOLUTION COMMENDING THE CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD FOR THE CLEANUP OF THE MOBILE DEBRIS BOX DISPOSAL SERVICE SITE IN BAYVIEW HUNTERS POINT

Dr. Mitch Katz reported an environmental health hazard at the Mobile Debris Box Disposal Service site in the Bayview Hunters Point area. This business has been highly problematic for the Department in its enforcement efforts. The business has a long history of creating community blight in other regions and has ignored repeated attempts to come into compliance and remediation.

As a result of the collaboration between the Department's Environmental Health Section and the California Integrated Waste Management Board, the Board has agreed to expend up to $300,000 in remediation costs to clean up the site.

The six-member Integrated Waste Management Board is responsible for protecting the public's health and safety and the environment through management of the 46 million tons of solid waste generated in California each year. The Board's mandate is to work in partnership with local government, industry, and the public to achieve a 50% reduction in waste disposed by the year 2000, while ensuring environmentally safe landfill disposal capacity. Currently, California's diversion rate is at an all-time high of 30%, moving the State ahead of the national average for the first time.

Dr. Katz reported that this case has been referred to the City Attorney for legal actions against the Mobile Debris Box Disposal Service.

> Action Taken: The Commission unanimously adopted Resolution #27-97, "Commending the Support of the California Integrated Waste Management Board for the Cleanup of the Mobile Debris Box Disposal Service Site", (Attachment B).

9) OTHER BUSINESS/PUBLIC COMMENTS

The meeting was adjourned at 6:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (2)

City and County of San Francisco
Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

MEMORANDUM

November 12, 1997

TO: President Edward Chow, M.D., and Members of the San Francisco Health Commission

THROUGH: Mitchell Katz, M.D.
Interim Director of Health

FROM: Richard Cordova
CHN Executive Administrator

SUBJECT: Pharmaceutical Services for Out of Network Patients

As the Commission is aware, the cost of pharmaceuticals has increased dramatically for the Department over the past three years without equal increases in general fund appropriation for medications. Specifically:

1. The number of outpatient prescriptions for county sponsored patients has increased 12% in each of the last two years. The cost of outpatient prescriptions for county sponsored patients is $3.8 million of which we have only a $1.8 million general fund allocation. This creates a $2 million shortfall.

2. The Department's overall shortfall for pharmaceuticals is $3.9 million. This includes the $2 million dollar shortfall from outpatient prescriptions for county sponsored patients, and an additional $1.9 million in the cost of inpatient medications and the cost of using non-Medical approved medications (on the essential drug list) for Medi-Cal recipients.

As part of the reorganization implementation, the CHN created the Pharmacy Council for the purpose of reviewing the causes for this increase and to recommend actions to contain the rising costs while maintaining quality through well developed protocols and guidelines.

The Commission recently acted on some of the recommendations of the Pharmacy Council when it approved the use of the MediCal formulary as the basic list of drugs for the Department of Public Health with certain additional essential drugs included. Limiting the formulary in this way enables us to contain costs while, at the same time, providing a broader choice of drugs than the community standard.

(415) 554-2600 101 Grove Street San Francisco, CA 94102

Because our costs remain high, we now present to you a second policy issue for your consideration: limiting pharmaceutical services to community health network patients.

The CHN Pharmacy Council conducted an audit of all outpatient prescriptions dispensed during a three month period:

Actual Data for Three Months:	
Total Number of Out-Of-Network Referring Providers:	200
Total Number of Out-Of-Network Patients:	1,437
Annualized Out-Of-Network Prescriptions:	13,388
Annualized Drug Cost:	$400,000
Dispensing Costs:	80,000
Total Drug Costs:	$480,000
Annualized Reimbursement:	($ 48,000)
NET COSTS	$432,000

As you can see, the CHN could reduce our annualized overexpenditure by $432,000 by limiting prescriptions to patients of the CHN.

If this policy is approved, then prior to implementation, a letter would be sent to all out-of-network providers who have recently referred patients to us, as well as to the patients themselves, informing them of the change. In addition, patients will be told how they can be seen by a physician in our network if they so choose, in order to be able to continue in our pharmacy service.

The DPH will be preparing a budget supplemental to cover the other pharmacy shortfalls. Before submitting a supplemental, we would like to make this policy decision so we can finalize the cost projections.

Your consideration of this important item is very much appreciated.

Attachment A
Page 2 of 2

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 27-97

COMMENDING THE SUPPORT OF THE CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD FOR THE CLEANUP OF THE MOBILE DEBRIS BOX DISPOSAL SERVICE SITE

WHEREAS, the San Francisco Department of Public Health, Environmental Health Management Section, Local Enforcement Agency, has identified the Mobile Debris Box Disposal Service site in the Bay View Hunters Point area of the City to be in violation of solid waste management laws; and,

WHEREAS, this site has been determined to be a nuisance as defined by the San Francisco Health Code; and,

WHEREAS, this site poses a threat to the public health and safety of the residents of the area, and a hazard to the environment of the adjoining community; and,

WHEREAS, through an accomplished partnership, the California Environmental Protection Agency, Integrated Waste Management Board has joined with the City and County of San Francisco to protect the public health and safety through an agreement to sponsor a $300,000 clean-up operation at the Bay View Hunters Point site; now, therefore, be it

RESOLVED, that the San Francisco Health Commission acknowledges its gratitude to the Integrated Waste Management Board; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission will continue to work with the Integrated Waste Management Board to implement remediation measures using the Board's contractors and to impose future preventative enforcement measures, thus protecting the public health and integrity of all the communities in the City and County of San Francisco.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, November 18, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment B
Page 1 of 1

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Kate Wingerson, Documents Librarian
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Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

oma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

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PUBLIC NOTICE

HEALTH COMMISSION

MEETING DATES IN DECEMBER 1997

DOCUMENTS DEPT.
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PUBLIC LIBRARY

Tuesday, December 9, 1997
Tuesday, December 16, 1997
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

NOTE: The Commission will not meet on Tuesday, December 2, 1997.

Call 554-2666 for further information.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Edward A. Chow, M.D.
President
Lee Ann Monfredini
Vice President
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Ron Hill
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HEALTH COMMISSION
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Mitchell H. Katz, M.D.
Interim Director of Health
Sandy Ouye Mori
Executive Secretary
TEL: (415) 554-2666
FAX: (415) 554-2665

AGENDA

HEALTH COMMISSION MEETING

9/97

DOCUMENTS DEPT.
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PUBLIC LIBRARY

December 9, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING NOVEMBER 18, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Status report on Community Housing Partnership's compliance to Health Commission Policy on Ethnicity, Gender, and Sexual Orientation of staff and Board.

(3.2) Presentation of the First Quarter Department of Public Health Budget Report for FY 1997-98.

(3.3) **Central Administration - CHN-Central Administration** - Supplemental Appropriation request for $10,283,861 to fund increases to salaries, fringe benefits, and materials and supplies accounts in order to maintain current level of services for FY 1997-98, funded through MediCal revenues.

(3.4) **CHN-Central Administration** - Supplemental appropriation request for $9,730,219 to fund increases to salaries and operating accounts in order to meet increased demand for inpatient and outpatient services for FY 1997-98, funded through MediCal, Medicare and private insurance revenues.

(3.5) **Central Administration** - Supplemental appropriation request of $33 million to provide additional matching funds for the SB 855, Disproportionate Share Payment Program, to yield a net increase of $16.8 million in disproportionate share payments to San Francisco General Hospital.

(3.6) **PH-AIDS** - Request for retroactive approval of a resolution authorizing the Department of Public Health, AIDS Office, to accept and expend retroactively a new grant in the amount of $63,000 from the Henry J. Kaiser Family Foundation for the period of October 1, 1997 to September 30, 1998, to use new technologies to identify persons at highest risk of HIV.

(3.7) **PH-AIDS** - Request for retroactive approval of a resolution authorizing the Department of Public Health, AIDS Office, to accept and expend retroactively a new grant in the amount of $306,161, from the Centers for Disease Control for the period of September 30, 1997 to September 29, 1998, for the Condoms and Alternatives HIV/AIDS Prevention Project.

(3.8) **PH-Health Services-CSAS** - Retroactive contract renewal with Mt. St. Joseph-St. Elizabeth's Epiphany Center for Families in Recovery (MSJ/SE), in the amount of $400,000, to provide outpatient substance abuse treatment services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with MSJ/SE for services totaling $200,000 during FY 1996-97).

(3.9) **PH-Health Services-CSAS** - Retroactive contract modification with Friendship House Association of American Indians, Inc. (FHAAI), in the amount of $75,000, to provide residential substance abuse treatment services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with FHAAI for services totaling $122,800 during FY 1996-97).

(3.10) **PH-Health Services-CMHS** - Retroactive renewal contract and sole source request with San Francisco State University (SFSU) in the amount of $77,394 to provide training for clinicians and mental health providers for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFSU for services totaling $80,000 during FY 1996-97).

(3.11) **PH-CH&S-TB Control** - Sole source request and new multiyear contract with the Regents of the University of California at San Francisco (UCSF), in the amount of $793,541, for the provision of National Statewide TB Training Project services, for the period of December 29, 1997 through December 31, 2000. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

(3.12) **PH-CH&S-TB Control** - Sole source request and renewal multiyear contract with the Regents of the University of California at San Francisco (UCSF), School of Medicine, in the amount of $1,702,404, for the continued operation of the Model Tuberculosis (TB) Prevention and Control Center, for the period of December 30, 1997 through March 31, 1999. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

(3.13) **PH-CH&S-TB Control** - Sole source request and new multiyear contract with the Regents of the University of California at San Francisco (UCSF), in the amount of $215,000, for the provision of a Rifampin drug resistance and Quanti-FERON testing studies for tuberculosis (TB), for the period of December 30, 1997 through June 30, 2000. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

(3.14) **PH-CHS-AIDS Office** - Retroactive contract renewal with Regents of the University of California/SFGH Department of Psychiatry/UCSF AIDS Health Project, in the amount of $94,172, for the provision of mental health services to patients of SFGH Ward 86, for the period of July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **PRESENTATION OF THE ANNUAL EQUAL EMPLOYMENT OPPORTUNITY REPORT**

6) **CONSIDERATION OF A RESOLUTION SUPPORTING THE SAN FRANCISCO MENTAL HEALTH PLAN USING A SINGLE STANDARD OF ACCESS AND CARE FOR SAN FRANCISCO INDIGENT RESIDENTS AS WELL AS MEDI-CAL BENEFICIARIES**

7) **CONSIDERATION OF A RESOLUTION APPOINTING A MEDICAID 1115 WAIVER PLANNING COMMITTEE**

8) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**

9) **OTHER BUSINESS/PUBLIC COMMENTS***

10) **CLOSED EXECUTIVE SESSION:**

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a)).)

C. POSSIBLE CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

CONFERENCE WITH LEGAL COUNSEL - SETTLEMENT OF EXISTING LITIGATION

LEROY AND KATHERINE LOOPER V. CITY AND COUNTY OF SAN FRANCISCO ET AL, SAN FRANCISCO SUPERIOR COURT #975-683. CONSIDERATION OF SETTLEMENT IN THE AMOUNT OF $150,000 PLUS RETURN OF FURNITURE

D) RECONVENE IN OPEN SESSION:

1) **POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)**

2) **VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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TEL: (415) 554-2666
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/9/97

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, December 9, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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PUBLIC LIBRARY

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present:	Commissioner Debra A. Barnes Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Ron Hill Commissioner Lee Ann Monfredini Commissioner Harrison Parker, Sr., D.D.S.
Absent:	Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 18, 1997

Action Taken: The Commission unanimously adopted the minutes of November 18, 1997 with the following correction on page 6 under Agenda item #5, third paragraph: As the planning proceeds, there could be a possibility to abandon the Waiver if it does not benefit the City.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Status report on Community Housing Partnership's compliance to Health Commission Policy on Ethnicity, Gender, and Sexual Orientation of staff and Board.

Commissioner Monfredini commended the contractor for its efforts towards compliance to Commission policy.

(3.2) Presentation of the First Quarter Department of Public Health Budget Report for FY 1997-98.

(3.3) **Central Administration - CHN-Central Administration -**

This was deferred to the full Commission.

(3.4) **CHN-Central Administration -**

This was deferred to the full Commission.

(3.5) **Central Administration -** Supplemental appropriation request of $33 million to provide additional matching funds for the SB 855, Disproportionate Share Payment Program, to yield a net increase of $16.8 million in disproportionate share payments to San Francisco General Hospital.

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(DPH contracted with MSJ/SE for services totaling $200,000 during FY 1996-97).

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(DPH contracted with FHAAI for services totaling $122,800 during FY 1996-97).

Helen Waukazoo, Executive Director of Friendship House, reported their success rate to be 70%.

(3.10) **PH-Health Services-CMHS -** Retroactive renewal contract and sole source request with San Francisco State University (SFSU) in the amount of $77,394 to provide training for clinicians and mental health providers for the period of July 1, 1997 through June 30, 1998. (DPH contracted with SFSU for services totaling $80,000 during FY 1996-97).

Commissioner Guy abstained on this item due to conflict of interest.

(3.11) **PH-CH&S-TB Control -** Sole source request and new multiyear contract with the Regents of the University of California at San Francisco (UCSF), in the amount of $793,541, for the provision of National Statewide TB Training Project services, for the period of December 29, 1997 through December 31, 2000. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

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Action Taken: The Commission approved #3.1, 3.2, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11, 3.12, 3.13, 3.14, with Commissioner Guy abstaining on #3.10.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Prenatal Care

On November 25, 1995, the Alameda County Superior Court postponed its decision on the State's proposed regulations to eliminate prenatal care for undocumented women. The Court is scheduled to issue its decision next week on December 15, 1997.

As a result, the State sent letters to all county welfare agencies informing them not to implement any changes effective December 1, 1997. Counties were instructed to continue processing Medi-Cal applications for undocumented pregnant women. The State's new implementation plans call for elimination of prenatal care to new applicants on January 1, 1998, and for current recipients on February 1, 1998. The Department of Public Health is committed to continuing to provide prenatal care to all pregnant women regardless of residency status.

Healthy Families

Last month the State submitted its State Child Health Plan (i.e., California's Healthy Families Program) to the federal government for review and approval. This plan is required under the new federal uninsured children's health initiative. The plan is also required for the State to receive any federal matching funds.

The plan describes the State's approach to the Healthy Families program, eligibility standards, outreach, benefits, methods for assuring quality and appropriateness of care, and cost sharing provisions. Under the Balanced Budget Act, the State plan is considered approved in 90 days, unless the federal Department of Health and Human Services notifies the State otherwise.

In addition, the State Department of Health Services also released a Request for Proposal seeking a contractor to conduct a comprehensive statewide community outreach and education campaign for both Medi-Cal and Healthy Families. The State will spend $86.5 million over a four year period to educate families about health care coverage and preventative care. The State's outreach program is based on using traditional media and community-based initiatives and organizations. The outreach program does not specifically instruct the contract to work with county health and human services departments on the outreach and education. Although, they will have the option to do so according to the State.

The California Managed Risk Medical Insurance Board (MRMIB) has made its appointments to the Healthy Families Advisory Panel. This 14 member panel will advise MRMIB on policies, regulations, operations and implementation of the Healthy Families Program. I am pleased to report that Tangerine Brigham, Director of Policy and Planning, was appointed to the advisory panel as the representative for the county public health provider community. She was the only person appointed from San Francisco County. Ms. Brigham is also the Department's lead person on our internal Healthy Families work group.

President's Advisory Commission

Last month the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry released a proposed Consumer Bill of Rights and Responsibilities in health care. You may recall this is the Commission President Clinton appointed Dr. Sandra Hernandez to serve as a member. The Commission was charged by the President to make recommendations that would promote and assure health care quality and protect consumers and workers in the health care system.

The goals of the Bill of Rights are to:

- strengthen consumer confidence in the health care system,
- reaffirm the importance of a strong patient provider relationship, and
- reaffirm the valuable role consumers play in safeguarding their own health

We hope that this Bill of Rights will become the standard adhered to by all health plans, providers, facilities and consumers.

COMMUNITY HEALTH NETWORK

Clinical Laboratory Survey

SFGH will be undergoing a Clinical Laboratory Survey by the JCAHO, December 11,12 and 15. The survey will include our Main Laboratory, Pathology, various independently licensed sites and other locations where procedures are performed at the hospital. We are well prepared for the survey and expect to receive positive feedback from the reviewers.

National Advice Hot Line Opens

A new 24-hour hot line, called the National Clinician's Post-Exposure Prophylaxis Hot line (PEP-line), staffed by UCSF health care providers at SFGH, is now operational. Health care workers are often exposed through occupational accidents to HIV or hepatitis and other blood borne diseases. Studies have found that prompt treatment for exposures can help reduce the number of persons who actually become infected from these accidents. The free hot line is available seven days a week by calling 888-HIV-4911. Clinicians, who need advice on treating patients who have suffered occupational exposures of blood, can call PEP-line and receive immediate advice from physicians, clinical pharmacists or nurse practitioners.

New SFGH "Women's Options Center"

The new SFGH "Women's Options Center" opened November 19th in Ward 6-G. This is the new location for the hospital/CHN abortion services. The Center offers first and second trimester abortions in a completely confidential and dignified setting with services provided by a multicultural staff. The Center offers counseling, surgical services and tubal ligation. An open house is scheduled for early 1998.

Medi-Cal Managed Care Survey

The State Department of Health Services (DHS) will be conducting the San Francisco Health Plan (SFHP) Medi-Cal Managed Care validation surveys at 10 selected CHN primary care sites December 8-19, 1997. The DHS Team will consist of 2 MDs, 2 RNs and a Program Analyst. The DHS Team will complete comprehensive facility and medical record audits to verify findings submitted by the SFHP earlier this year. The CHN Quality Management Department is working with the SFHP to facilitate the survey process. The validation survey results will be reported at Joint Conference Committee.

SFGH/CHN Executive Administrator's Award

At the Annual SFGH/CHN Employee Reception Dinner, the Executive Administrator's Award was received by Marilyn O'Connor for exhibiting the model spirit of SFGH/CHN -- "treating our patients as if they were members of our own family". Ms. O'Connor works as an Emergency Room nurse at SFGH.

Laguna Honda Hospital Christmas Show

The Laguna Honda Hospital Holiday/Christmas show will be cablecast live on TCI-SF's City Station, Channel 27, to over 168,000 San Francisco homes. The show can be seen live on Friday, December 19 at 2:00 p.m.

Legendary lounge lizard Bud E. Luv will once again be the guest star host, helping to present some of the finest performers in the region. Terry Lowry and Fred LaCosse will be the emcees, assisted by San Francisco's own Mike "Santa Claus" Pritchard. On the bill with Bud E. Luv will be the San Francisco Girl's Chorus, tap dancer Wayne Doba, Bea's Knees, The Blues Fuse, and a host of other wonderful performers.

Diversion Statistics

Critical Care Diversion for the period November 1 through 30, 1997 is as follows:

> Critical Care diverted for 5.39% or 38 hours and 47 minutes.
> Total/Emergency Department diverted for 5.98% or 43 hours and 5 minutes.

PUBLIC HEALTH

Art Show and Sale

Once again, I am pleased to announce another art show and sale sponsored by Tom Waddell Health Center and Homeless Programs featuring arts and crafts created by the clients and patients of Tom Waddell Health Center.

"A Holiday Art Show and Sale", showcasing original arts and crafts is an excellent opportunity to purchase holiday gifts and at the same time help our talented clients and artists. There will be three showings of these art works:

- Today at the San Francisco General Hospital Cafeteria until 4:00 p.m.; and,
- December 11 and 12 from 10:00 a.m. to 6:00 p.m. at the Tom Waddell Health Center Conference Room, second floor (through the entrance at 135 Polk Street).

Admission is free and all proceeds go directly to the artists.

Commissioner Monfredini requested the Department to include the previous month's diversion statistics for comparison purposes.

President Chow requested the Department to review the proposed Consumers Bill of Rights and Responsibilities from the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry for potential policy issues to recommend to the Commission.

The full Commission considered the following items:

(3.4) **CHN-Central Administration** - Supplemental appropriation request for $9,730,219 to fund increases to salaries and operating accounts in order to meet increased demand for inpatient and outpatient services for FY 1997-98, funded through MediCal, Medicare and private insurance revenues.

(3.5) **Central Administration** - Supplemental appropriation request of $33 million to provide additional matching funds for the SB 855, Disproportionate Share Payment Program, to yield a net increase of $16.8 million in disproportionate share payments to San Francisco General Hospital.

Action Taken: The Commission unanimously approved #3.4 and #3.5.

5) PRESENTATION OF THE ANNUAL EQUAL EMPLOYMENT OPPORTUNITY REPORT

Gloria Louie, Manager of Equal Employment Opportunity and Affirmative Action Programs, presented her report (Attachment A), which included:

- Departmentwide labor force data,
- Labor force information by Department of Public Health Divisions,
- Underutilization statistical information by job categories departmentwide and by Division,
- Comparative labor force information of the administrative job category over a nine (9) year period, and
- Department's Affirmative Action Program activities for fiscal years 1996-97 and planned activities for 1997-98.

Ms. Louie introduced her staff: Charlotte Mister, Mariana Valdez, Sam Shindler, and Dana Van Gorder.

President Chow thanked Ms. Louie for the comprehensive report. Ms. Louie reported that future reports will reflect the new restructured organization: Central Administration, Public Health, and Community Health Network.

6) CONSIDERATION OF A RESOLUTION SUPPORTING THE SAN FRANCISCO MENTAL HEALTH PLAN USING A SINGLE STANDARD OF ACCESS AND CARE FOR SAN FRANCISCO INDIGENT RESIDENTS AS WELL AS MEDI-CAL BENEFICIARIES

Jo Ruffin, LCSW, Director of Community Mental Health Services, presented a status report on the operational readiness for start-up of the San Francisco Mental Health Plan on April 1, 1998. The operational readiness included the three key issues: access, authorizations, and claims adjudication. For a copy of the report, contact the Commission Office (554-2666).

Ms. Ruffin reported that one of the responsibilities would be to establish eligibility for individuals for the S.F. Mental Health Plan services based on State standards for Medi-Cal beneficiaries. A policy issue that needs to be resolved before the Access Team will be able to perform its eligibility function is: will be S.F. Mental Health Plan continue to provide a single standard of access and care for the San Francisco indigent, uninsured residents and Medi-Cal beneficiaries?

Ms. Ruffin provided an analysis on the estimate of number of San Francisco residents who are uninsured and living in poverty, the estimate of extent of need for mental health treatment, the cost benefit aspects of providing access to mental health services, and the funding base established by the State not being adequate.

Public Speakers: All speakers supported the resolution.

- Maria Leib, S.F. Mental Health Board
- Jane Kahan, Mental Health Association of San Francisco
- Marykate Connor, Caduceous Outreach Services
- Bill Hirsh, Mental Health Association
- Anni Chung, Self Help for the Elderly
- Jason Albertson, Community Housing Partnership
- Jennifer Friedenbach, Coalition on Homelessness
- A family member to a mental health consumer

Written testimony was submitted by:

- Carlos Rodriguez, Latino Coalition for a Healthy California
- Naomi Gray, Urban Institute for African American Affairs

Action Taken: The Commission unanimously adopted Resolution # 28-97, "Endorsing the San Francisco Mental Health Plan's Intent to Provide a Single Standard of Access and Care for San Francisco Indigent and Uninsured Residents and Medi-Cal Beneficiaries," (Attachment B).

7) CONSIDERATION OF A RESOLUTION APPOINTING A MEDICAID 1115 WAIVER PLANNING COMMITTEE

Tangerine Brigham, Director of Policy and Planning, reported the following:

In creating a Planning Committee to assist in developing an 1115 Waiver, the Department proposes that agencies nominate their own representative to the Planning Committee.

In addition, the Planning Committee will have representation from the consumer community, health care advocate community, health-related community-based organization community, and a health policy expert. In order to obtain representation from a consumer, health care advocate, health-related community-based organization, and health policy expert, the Department will send letters to inquiry to individuals and organizations asking them to express their interest in participating on the Planning Committee. The applicants will be reviewed and evaluated based on developed criteria. We will be looking for individuals and/or organizations which not only have an interest in improving the health delivery system, but are also knowledgeable about health care system gaps and access issues.

The Planning Committee may establish ad hoc subcommittees to focus on particular areas, such as finance and benefits, and consumer issues.

Ms. Brigham also reported that the Department is developing a Request for Proposal (RFP) to seek outside consultation in developing the waiver. The Department has identified a source of funding for this consultation and anticipates releasing the RFP before the end of this month. Ms. Brigham also provided descriptions and comparisons of the various Medicaid waivers.

Public Speakers:

- Stephen Vernon, Family Service Agency, submitted written testimony
- Nathan Nayman, Hospital Council

Commissioners' Comments:

- Consumers should have adequate representation on the Planning Committee
- Because Long-Term Care is such a large part of the health care system, it should have more than one representative
- Stay away from mandating specific numbers for each category
- Allow the Department to make decisions on the total membership number
- Clients, consumers, and Department Heads could participate at the planning meetings, which are all open to the public

Dr. Katz clarified that the Department would want the Commission to approve the categories for representation on the Planning Committee. The Department would then make sure each category is adequately represented.

Action Taken: The Commission unanimously adopted Resolution # 29-97, "Appointing a Medicaid 1115 Waiver Planning Committee,: (Attachment C).

8) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Tangerine Brigham, Director of Policy and Planning, presented the 1996-97 Annual Report of the Department. A copy of the report is available in the Commission Office.

The report includes the following areas:

- A Message from the Director
- Reorganizing for Better Care
- Planning With You in Mind
- Reaching Out
- Hearing From You
- Partnering With the Community
- San Francisco Health Commission
- Organization Chart
- Focusing on the Community
- Looking Towards the Future
- Demographics of Our City
- Health Status Indicators
- 1996-97 Financial Information
- The Department's Workforce
- Department Programs and Telephone Numbers

Ms. Brigham acknowledged Joanne Kimata and Judith Klain for their hard work on the Annual Report.

Commissioners thanked Ms. Brigham for her presentation.

9) PUBLIC COMMENTS

Amber and Vannessa of Washington High School, Youth Making a Change, reported the results of a survey conducted among 16 high schools (Attachment D).

10) CLOSED EXECUTIVE SESSION:

CONFERENCE WITH LEGAL COUNSEL - SETTLEMENT OF EXISTING LITIGATION

LEROY AND KATHERINE LOOPER V. CITY AND COUNTY OF SAN FRANCISCO ET AL, SAN FRANCISCO SUPERIOR COURT #975-683. CONSIDERATION OF SETTLEMENT IN THE AMOUNT OF $150,000 PLUS RETURN OF FURNITURE

This item was postponed to a future meeting.

The meeting was adjourned at 6:00 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (4)

EXECUTIVE SUMMARY

LABOR FORCE OVERVIEW
DEPARTMENT-WIDE

Below is an analysis of the Department's labor force statistics for fiscal year 1996-97. Included with this report is the following information:

- Department-wide labor force data;
- Labor force information by DPH divisions[1];
- Under-utilization statistical information by job categories Department-wide and by division;
- Comparative labor force information of the administrative job category over a nine (9) year period.

As of June 1997, the Department employed 6085 employees. The Department continues to maintain a diversified labor force. In all but one, targeted AA groups closely resembles the San Francisco Bay Area labor force parity figures. DPH has greater diversity than the San Francisco and Bay Area. For Hispanics (in bold) the Department is just below the target (12.5% vs. 12.7%)

1997 DPH Labor Force

	EURO AMER %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	TOTAL %
06/30/97	1860 30.6%	931 15.3%	759 12.5%	933 15.3%	1539 25.3%	63 1.0%	2026 33.0%	4059 67.0%	6085 100%
1990 LABOR FORCE AVAILABILITY									
SF Bay Area	62.3%	9.1%	12.7%	11.1%	4.2%	0.5%	54.0%	46.0%	100%

ADMINISTRATORS

Labor Force Information Of DPH Administrators Category
For A Nine Year Period

In the last nine (9) years (1989-1997), the Department has maintained a trend of reducing the number of administrative positions. In 1989 administrative positions were 170. In 1997, the number of administrative positions is 128.

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[1] "Old World" Health Department divisions: San Francisco General Hospital, Laguna Honda Hospital, Division of Mental Health and Substance Abuse, and Community Public Health Services.

	EURO AMER %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	TOTAL %
06/30/89	95 55.9%	24 14.1%	15 8.8%	27 15.9%	8 4.7%	1 0.6%	71 41.8%	99 58.2%	170 100%
06/30/97	68 53.1%	22 17.2%	18 14.1%	19 15.0%	1 0.9%	0 0.0%	57 45.0%	71 55.0%	128 100%
1990 Parity		9.1%	12.7%	11.1%	4.2%	0.5%	54.0%	46.0%	100%

The only under-utilized groups in the Administrator category department-wide are Filipinos and American Indians.

As of June 1997, the Health Department's executive staff includes the following positions and individuals:

Director of Health	Hispanic	female
Executive Administrator, SFGH	Hispanic	male
Executive Administrator, LHH	African American	male
Deputy Director of Health, DMS	European American	female
Deputy Director of Health, CPHS & AIDS	European American	male
Deputy Director of Health, CSAS & Forensics	European American	male
Director of Policy and Planning	African American	female
Director of Human Resource Services	European American	male
Chief Financial Officer	European American	female
Executive Assistant to the Director of Health	European American	female

Of the executive group, four (4) or 40% are people of color and five (5) or 50.0% are women.

WORK FORCE COMPOSITION AT THE DIVISION LEVEL

Below is an overview of the labor force information of the Health Department's four (4) divisions: San Francisco General Hospital (Department 86); Laguna Honda Hospital (Department 85); Division of Mental Health, Substance Abuse and Forensics (Department 87); Community Public Health Services (Department 83).

San Francisco General Hospital

San Francisco General Hospital has a work force of 2583 employees (42.4% of the Department's total work force). With the opening of the Mental Health Rehabilitation Facility in October, the work force at SFGH increased by approximately 200 employees. SFGH's labor force is above parity with respect to African Americans, Asians, Filipinos, American Indians and women. Hispanics are just under target as indicated below.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	15.2%	9.1%	167%
HISPANIC	**12.4%**	**12.7%**	**98%**
ASIAN	14.6%	11.1%	132%
FILIPINO	22.2%	4.2%	529%
AMERICAN INDIAN	1.1%	0.5%	220%
WOMEN	63.0%	46.0%	137%

Laguna Honda Hospital

Laguna Honda Hospital, with a work force of 1606 employees (26.4% of the Department's total work force) is above parity for African Americans, Asians, Filipinos and women. The Hispanic, and American Indian groups are underrepresented as shown.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	16.8%	9.1%	207%
HISPANIC	**7.8%**	**12.7%**	**61%**
ASIAN	11.9%	11.1%	107%
FILIPINO	47.0%	4.2%	1119%
AMERICAN INDIAN	**0.3%**	**0.5%**	**80%**
WOMEN	75.0%	46.0%	163%

Division of Mental Health, Substance Abuse and Forensics

The Division of Mental Health, Substance Abuse and Forensics (DMSF) with a work force of 655 employees (10.8% of the Department's total work force) is above parity division-wide, in all targeted ethnic and gender categories.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	13.9%	9.1%	153%
HISPANIC	16.8%	12.7%	132%
ASIAN	16.5%	11.1%	149%
FILIPINO	12.2%	4.2%	290%
AMERICAN INDIAN	1.8%	0.5%	360%
WOMEN	62.0%	46.0%	135%

Community Public Health Services

As of June 1997, Community Public Health Services with a labor force of 1241 (20.4% of the Department's total work force) continues to be significantly above parity division-wide with all targeted groups.

	COMPOSITION OF WORK FORCE	LABOR PARITY	% OF GOAL ACHIEVED
AFRICAN AMERICAN	14.3%	9.1%	157%
HISPANIC	16.5%	12.7%	130%
ASIAN	20.6%	11.1%	186%
FILIPINO	10.6%	4.2%	252%
AMERICAN INDIAN	1.5%	0.5%	300%
WOMEN	66.0%	46.0%	143%

SPECIAL AFFIRMATIVE ACTION PROJECTS
FISCAL YEAR SUMMARY 1996-1997

- Computerized the Department's resume bank with the Match Maker software program. This program will allow the Department to access and match an applicant's knowledge, skill and ability to job vacancy immediately and appropriately.

- Assisted the Human Resource division with its reorganization planning and implementation. The centralization of the Department's Human Resource division is expected to occur by February 1998.

- Assisted the DPH Human Resource group with the development of part II of the Disciplinary/Corrective Action Training: Employee Counseling and Document Preparation. Development is on its way and implementation of part II training is expected by summer of 1998.

- Expanded the Cultural Awareness, Conflict Resolution and Customer Service training modules for managers, supervisors and public contact staff. (See Training section, pages for details).

- Assisted other city departments (e.g., Controller's Office, San Francisco International Airport, Solid Waste Management, etc.) with EEO/AA complaint investigations and training (e.g., sexual harassment, EEO laws, etc.)

AFFIRMATIVE ACTION ACTIVITIES FOR FISCAL YEAR 1997-1998

- Continue to support the Health Department with the implementation of its organizational restructuring. This will include, but will not be limited to (1) further development and implementation of a *Customer Service Training* module with emphasis on in-house customers and effective communication under stress; and (2) organizational development and team building consultation, facilitation and training to new restructured subdivisions within the Public Health and Community Health Network divisions.

- Revamping of the Health Department's recruitment and selection efforts to ensure continued diversification of staffing within the Department. This will include, but will not be limited to closer monitoring of the Department's recruitment and selection efforts as it goes through its restructuring from five to three divisions; and the restructuring and analysis of the labor force data in accordance to the new organizational structure.

- Provide support to the division of Mental Health's cultural competency efforts by providing direct training and train-the-trainer support for the basic Diversity Awareness/Cultural Competency training module which will be offered to Mental Health staff.

- Develop and implement a comprehensive disability accommodation protocol for Health Department employees with disabilities and programs in order to enable the parties (1) to process requests in a more efficient and timely manner; and (2) to better facilitate programmatic needs with limited interruption.

- Continue to assist other City departments with EEO/Affirmative Action investigation and training needs.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 28-97

ENDORSING THE SAN FRANCISCO MENTAL HEALTH PLAN'S INTENT TO PROVIDE A SINGLE STANDARD OF ACCESS AND CARE FOR SAN FRANCISCO INDIGENT AND UNINSURED RESIDENTS AND MEDI-CAL BENEFICIARIES

WHEREAS, the State Department of Health Services' Plan for Medi-Cal Managed Mental Health Care specifies that the most effective system of the delivery of Medi-Cal mental health services will be through mental health plans administered by County mental health department, thus carving these services out of the models for physical health care, and consolidating the two existing Medi-Cal funding streams into a single County-run system; and,

WHEREAS, the State's plan has been implemented in phases, beginning with the consolidation of the State funding and responsibility for inpatient Medi-Cal mental health services at the County level on January 1, 1995, and incorporating the consolidation of the State funding and responsibility for all outpatient Medi-Cal mental health services at the County level on April 1, 1998, resulting in the creating of a single San Francisco Health Plan; and,

WHEREAS, the State requirements for the San Francisco Mental Health Plan, including the medical necessity criteria, will have the effect of expanding access for individuals with San Francisco Medi-Cal, but does not provide for indigent and uninsured San Francisco residents; and,

WHEREAS, the Community Mental Health System has always treated Medi-Cal beneficiaries, indigent and uninsured individuals alike; and,

WHEREAS, the City and County of San Francisco is committed to protecting public mental health services and safety net services for the indigent and uninsured mentally ill in San Francisco County; and,

WHEREAS, the City and County of San Francisco is at risk for the many high cost services used by individuals with mental illness if timely, effective and coordinated treatment is not provided, therefore, be it

RESOLVED, that the Health Commission supports the intent of the Department of Public Health, Community Mental Health Services, to provide a single standard of access and care for San Francisco indigent and uninsured residents and Medi-Cal beneficiaries; and,

FURTHER RESOLVED, that the Health Commission recommends that the Department of Public Health develop a budget estimate for fiscal year 1998-99 that reflects this policy; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 28-97

FURTHER RESOLVED, that the Health Commission recommends that the Department of Public Health fund this increase in indigent and uninsured mental health services for the period April 1 through June 30, 1998, through existing resources.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 9, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 29-97

APPOINTING A MEDICAID 1115 WAIVER PLANNING COMMITTEE

WHEREAS, the San Francisco Health Commission previously approved Resolution No. 32-95, "Urging the Director of Health and Department of Public Health Staff to Explore the Potential for Pursuing a Medicaid 1115 Waiver to Create a More Cost Effective Way of Providing Health Services to Both Medi-Cal Beneficiaries and Uninsured People in San Francisco;" and,

WHEREAS, the San Francisco Department of Public Health submitted, on behalf of the City and County of San Francisco, a concept paper for a federal Medicaid Demonstration Project (1115 Waiver) to the State Department of Health Services in October 1996; and,

WHEREAS, San Francisco desires to develop a waiver to: (1) expand health care coverage to the uninsured, (2) enhance our community-based outpatient delivery system, (3) restructure the delivery of long-term care services, (4) develop an alternative Medi-Cal managed care model than the existing Two-Plan Model, and (5) expand home care services; and,

WHEREAS, in August 1997, the State Department of Health Services approved the City and County of San Francisco's concept paper and gave the City authorization to initiate development of a full waiver proposal that conforms with Health Care Financing Administration requirements; and,

WHEREAS, the Department recommends that a Medicaid 1115 Waiver Planning Committee be created to effectively plan for submitting a waiver proposal; and,

WHEREAS, the proposed entities will have representation on the Planning Committee: State Department of Health Services, Health Care Financing Administration, Mayor's Office, Department of Public Health, San Francisco Medical Society, San Francisco Community Clinic Consortium, Hospital Council of Northern and Central California, San Francisco Health Plan, Blue Cross of California, Long-Term Care Pilot Project Task Force, Mayor's Blue Ribbon Committee on Universal Health Care, Consumer, Health Care Advocate, Health-related Community-Based Organization, Organized Labor, Business, and Health Policy Expert; and,

WHEREAS, the agencies would nominate their own representative to the Planning Committee and the Department will seek participation from a consumer, health care advocate, health-related community-based organization and health policy expert; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 29-97

WHEREAS, the Department of Public Health will be the City agency designated to spearhead this Planning Committee and will provide necessary program, planning and technical support to the planning committee; and,

WHEREAS, the Director of Health is designated to chair the Medicaid 1115 Waiver Planning Committee; and,

WHEREAS, the Health Commission, serving as the oversight body for the development of the 1115 Waiver, will receive regular reports from the Planning Committee and will review policy issues it brought for consideration; and,

WHEREAS, the Mayor and Board of Supervisors will also have general oversight of the waiver through their review and approval of the waiver before it is submitted to the State; now, therefore, be it,

RESOLVED, that the Health Commission of the City and County of San Francisco hereby approves the creation of a Medicaid 1115 Waiver Planning Committee to develop a plan for submitting the Medicaid waiver and for providing input on the key program and fiscal components of the waiver; and, be it

FURTHER RESOLVED, that the Health Commission approves representation from the following bodies on the Planning Committee: State Department of Health Services, Health Care Financing Administration, Mayor's Office, Department of Public Health, San Francisco Medical Society, San Francisco Community Clinic Consortium, Hospital Council of Northern and Central California, San Francisco Health Plan, Blue Cross of California, Long-Term Care Pilot Project Task Force, Mayor's Blue Ribbon Committee on Universal Health Care, Consumer, Health Care Advocate, Health-related Community-Based Organization, Organized Labor, Business, and Health Policy Expert.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of Tuesday, December 9, 1997.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment C
Page 2 of 2

COLEMAN ADVOCATES
FOR CHILDREN & YOUTH
A VOICE FOR SAN FRANCISCO'S CHILDREN

2601 Mission Street
Suite 804
San Francisco, CA 94110
PHONE (415) 641
FAX (415) 641-1708
Information Hotline 206-1023
1-800-4 A YOUTH
EMAIL coleman@sirius.com
http://thecity.sfsu.edu/~coleman

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Sara Howard
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Jeanie Kortum-Stermer
Richard Lanzerotti
Dan Macallair
Ella Miyamoto
Ron Muriera
Carmela Rombawa-Bey
Cara Scarver
Art Tapia
Alicia Wang
Founder/Honorary Member
Jean Jacobs
Executive Director
Margaret Brodkin
A.C.S.W. L.C.S.W.
Associate Director
Joseph T. Wilson
Director of Communications
Mary A. Downes

Youth Vote'97 Presentation to the Health Commission

OVER ONE-THIRD OF YOUTH HAVE INADEQUATE HEALTH CARE

- 39% youth said they either have no access or only sometimes have access a doctor when they need one.
- If this percentage applied to the entire city youth population as a whole, 7500 children have inadequate health care

DRUGS A COMMON OCCURRENCE IN HIGH SCHOOLS

- 72% of youth often or sometimes see drugs at school.
- 60% said schools are not doing enough to eliminate drugs.

PROPOSALS

1. **Implement system that provides children up to 300% of the poverty line with Health Care.**
2. **A free Health Clinic for every public High School.**
3. **More funding for drug prevention, rehabilitation, and education resources available for Youth in HS and community centers, city-wide.**

Recycled
Paper

586

Projects Sponsored by Coleman Advocates for Children and Youth
Parent Advocates for Youth • Youth Making A Change (Y-MAC)
Advocate Alert • YouthTime • Coalition for Ethical and Welfare Reform

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

/16/97

AGENDA

HEALTH COMMISSION MEETING

December 16, 1997
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS
DEC 1
SAN FRANC
PUBLIC L

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE MEETING DECEMBER 9, 1997

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Update on contract staffing needs to respond to Treatment on Demand.

(3.2) **CHN** - New contract with The Lewin Group, in the amount of $248,770, to provide strategic planning services for the Community Health Network (CHN) for the period of December 17, 1997 through December 16, 1998.

(3.3) **CHN-Forensics** - Retroactive contract renewal with Haight Ashbury Free Clinics, Inc. (HAFC) in the amount of $2,858,826 per year to provide psychiatric services in the San Francisco jails for the period of July 1, 1997 through June 30, 2001. (DPH contract with HAFC for services totaling $8,100,355 during FY 1996-97).

(3.4) **PH-CHP&P-AIDS Office** - Sole source and a new three year contract with The Support Center, in the amount of $250,000 per year for the total amount of $750,000, to provide technical assistance to the Department of Public Health, AIDS Office EMA providers, for the period of January 1, 1998 through September 30, 2000. (DPH contracted with The Support Center for services totaling $1,296,422 during FY 1996-97).

(3.5) **PH-CHP&P-AIDS Office** - Request to approve the continuation of fifteen AIDS prevention and surveillance contracts from January 1, 1998 through March 31, 1998.

(3.6) **PH-Health Services-CSAS** - Retroactive new contract with California Detoxification Programs, Inc. in the amount of $86,695 per year, to provide methadone detoxification services for the period of July 1, 1997 through June 30, 1998.

(3.7) **PH-Health Services-CSAS** - Retroactive contract renewal with Haight Ashbury Free Clinics (HAFC) in the amount of $2,973,071 per year to provide comprehensive substance abuse outpatient, residential, detoxification, outreach and administrative services for the period of July 1, 1997 through June 30, 2001. (DPH contract with HAFC for services totaling $8,100,355 during FY 1996-97).

(3.8) **PH-Health Services-CSAS** - Retroactive contract renewal with Horizons Unlimited of San Francisco, Inc., (HUSF) in the amount of $1,316,337 for the fourth and final year to provide outpatient, prevention and day care habilitative services to Latino/a youth for the period of July 1, 1997 through June 30, 1998. (DPH contracted with HUSF for services totaling $1,066,337 during FY 1996-97).

(3.9) **PH-Health Services-CSAS** - Sole source request in the amount of $963,280 and retroactive contract renewal with Jelani House, Inc., in the amount of $883,987 per year, to provide residential and outpatient substance abuse services to women and their children for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Jelani for services totaling $1,109,660 during FY 1996-97).

(3.10) **PH-Health Services-CSAS** - Retroactive contract renewal with New Leaf...Services for Our Community in the amount of $957,768 per year to provide mental health and substance outpatient treatment for the period of July 1, 1997 through June 30, 1999. (DPH contracted with New Leaf for services totaling $1,455,657 during FY 1996-97).

(3.11) **PH-Health Services-CSAS** - Retroactive contract with the Regents of the University of California-San Francisco (UCSF)-Institute for Health Policy Studies in the amount of $350,000 to evaluate the Federal San Francisco Target Cities Project, for the period of October 1, 1996 through September 30, 1997. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

(3.12) **PH-Health Services-CSAS** - Retroactive contract renewal with Youth Leadership Institute (YLI), in the amount of $190,200 for year one to provide substance abuse prevention services for youth for the period of July 1, 1997 through June 30, 2001. (DPH contracted with YLI for services totaling $190,200 during FY 1996-97).

(3.13) **PH-Health Services-CSAS** - Retroactive contract renewal with Bay Area Addiction and Research and Treatment, Inc. (BAART) in the amount of $3,462,262 per year to provide methadone maintenance and substance abuse treatment services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with BAART for services totaling $3,432,023 during FY 1996-97).

(3.14) **PH-Health Services-CSAS** - Sole source request in the amount of $160,000 for the period of July 1, 1997 through June 30, 1999, and new contract with SAGE Project, Inc. in the amount of $80,000 for one year to provide outpatient substance abuse services for the period of July 1, 1997 through June 30, 1998.

(3.15) **PH-Health Services-CSAS** - Retroactive contract renewal with St. Vincent de Paul Society of San Francisco (SVdP) in the amount of $860,709 to provide substance abuse drop-in/reception, detoxification and mental health/substance abuse services to the homeless for the period of July 1, 1997 through June 30, 1998.

(3.16) **PH-Health Services-Mental Health** - Retroactive contract renewal with the Regents of the University of California-San Francisco (UCSF)/SFGH, Dean's Office, in the amount of $1,383,590 to provide outpatient and case management services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

(3.17) **PH-Health Services-Mental Health** - Retroactive sole source approval and contract renewal with San Francisco State University (SFSU) in the amount of $77,394 to provide training for clinicians and mental health providers for the period of July 1, 1997 through June 30, 1998. (DPH contracted SFSU for services totaling $80,000 during FY 1996-97).

4) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

5) **PUBLIC HEARING: PRESENTATION BY THE MAYOR'S OFFICE OF CHILDREN, YOUTH, AND THEIR FAMILIES (MOCYF) OF THE CHILDREN'S SERVICE PLAN FOR 1998-99**

6) **UPDATE ON DIVERSION**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

8) **CLOSED EXECUTIVE SESSION:**

A. **PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION.**

B. **VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a)).)**

C. **POSSIBLE CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).**

CONFERENCE WITH LEGAL COUNSEL - SETTLEMENT OF EXISTING LITIGATION LEROY AND KATHERINE LOOPER V. CITY AND COUNTY OF SAN FRANCISCO ET AL, SAN FRANCISCO SUPERIOR COURT #975-683. CONSIDERATION OF SETTLEMENT IN THE AMOUNT OF $150,000 PLUS RETURN OF FURNITURE

D) RECONVENE IN OPEN SESSION:

1) POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

2) VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.**

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. Contact Gloria Louie at the Department of Public Health Equal Employment Opportunity Program at 554-2595 for all requests. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 923-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at (415) 554-6075.

Edward A. Chow, M.D.
President

Lee Ann Monfredini
Vice President

Debra A. Barnes
Commissioner

Roma P. Guy, M.S.W.
Commissioner

Ron Hill
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Interim Director of Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665

/16/97

MINUTES
OF THE
HEALTH COMMISSION MEETING

Tuesday, December 16, 1997
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President. Lee Ann Monfredini, at 3:05 p.m.

Present:	Commissioner Debra A. Barnes
	Commissioner Roma P. Guy, M.S.W.
	Commissioner Ron Hill
	Commissioner Lee Ann Monfredini
	Commissioner Harrison Parker, Sr., D.D.S.
	Commissioner David J. Sanchez, Jr., Ph.D.
Absent:	Commissioner Edward A. Chow, M.D.

2) APPROVAL OF MINUTES OF THE MEETING OF DECEMBER 9, 1997

Action Taken: The Commission unanimously adopted the minutes of December 9, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

(3.1) Update on contract staffing needs to respond to Treatment on Demand.

(3.2) **CHN** - New contract with The Lewin Group, in the amount of $248,770, to provide strategic planning services for the Community Health Network (CHN) for the period of December 17, 1997 through December 16, 1998.

This item was postponed to a future meeting.

(3.3) **CHN-Forensics** - Retroactive contract renewal with Haight Ashbury Free Clinics, Inc. (HAFC) in the amount of $2,858,826 per year to provide psychiatric services in the San Francisco jails for the period of July 1, 1997 through June 30, 2001. (DPH contract with HAFC for services totaling $8,100,355 during FY 1996-97).

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(3.5) **PH-CHP&P-AIDS Office** - Request to approve the continuation of fifteen AIDS prevention and surveillance contracts from January 1, 1998 through March 31, 1998.

Commissioner Sanchez abstained on the U.C. contracts due to conflict of interest.

(3.6) **PH-Health Services-CSAS** - Retroactive new contract with California Detoxification Programs, Inc. in the amount of $86,695 per year, to provide methadone detoxification services for the period of July 1, 1997 through June 30, 1998.

This item was postponed to a future meeting.

(3.7) **PH-Health Services-CSAS** - Retroactive contract renewal with Haight Ashbury Free Clinics (HAFC) in the amount of $2,973,071 per year to provide comprehensive substance abuse outpatient, residential, detoxification, outreach and administrative services for the period of July 1, 1997 through June 30, 2001. (DPH contract with HAFC for services totaling $8,100,355 during FY 1996-97).

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As previously discussed with the contractor, Commissioner Monfredini emphasized the need to increase the total number of Board members. She requested a 3-month update letter to be submitted to the Commission (by March 17, 1998).

(3.9) **PH-Health Services-CSAS** - Sole source request in the amount of $963,280 and retroactive contract renewal with Jelani House, Inc., in the amount of $883,987 per year, to provide residential and outpatient substance abuse services to women and their children for the period of July 1, 1997 through June 30, 1998. (DPH contracted with Jelani for services totaling $1,109,660 during FY 1996-97).

(3.10) **PH-Health Services-CSAS** - Retroactive contract renewal with New Leaf...Services for Our Community in the amount of $957,768 per year to provide mental health and substance outpatient treatment for the period of July 1, 1997 through June 30, 1998. (DPH contracted with New Leaf for services totaling $1,455,657 during FY 1996-97).

Public Speaker: Gerald Burt

Commissioner Monfredini expressed concerns on the financial viability of the agency. Instead of a 2-year renewal, a 1-year renewal was authorized.

(3.11) **PH-Health Services-CSAS -** Retroactive contract with the Regents of the University of California-San Francisco (UCSF)-Institute for Health Policy Studies in the amount of $350,000 to evaluate the Federal San Francisco Target Cities Project, for the period of October 1, 1996 through September 30, 1997. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

Commissioner Sanchez abstained due to conflict of interest.

(3.12) **PH-Health Services-CSAS -** Retroactive contract renewal with Youth Leadership Institute (YLI), in the amount of $190,200 for year one to provide substance abuse prevention services for youth for the period of July 1, 1997 through June 30, 2001. (DPH contracted with YLI for services totaling $190,200 during FY 1996-97).

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Commissioner Barnes observed that compliance on the Board diversity is not progressing very well and requested the contractor to come back to the Commission in 90 days (March 17, 1998) to provide a progress report.

Commissioner Monfredini encouraged the contractor to form a separate Board committee specifically to work on the Board compliance issue.

(3.14) **PH-Health Services-CSAS -** Sole source request in the amount of $160,000 for the period of July 1, 1997 through June 30, 1999, and new contract with SAGE Project, Inc. in the amount of $80,000 for one year to provide outpatient substance abuse services for the period of July 1, 1997 through June 30, 1998.

Commissioner Monfredini requested the contractor to come back to the Commission in 6 months (June 16, 1998) to provide a progress report on Board compliance.

(3.15) **PH-Health Services-CSAS -** Retroactive contract renewal with St. Vincent de Paul Society of San Francisco (SVdP) in the amount of $860,709 to provide substance abuse drop-in/reception, detoxification and mental health/substance abuse services to the homeless for the period of July 1, 1997 through June 30, 1998.

Commissioner Barnes and Commissioner Monfredini commended the contractor for its progress and forward movement towards Board compliance.

(3.16) **PH-Health Services-Mental Health -** Retroactive contract renewal with the Regents of the University of California-San Francisco (UCSF)/SFGH, Dean's Office, in the amount of $1,383,590 to provide outpatient and case management services for the period of July 1, 1997 through June 30, 1998. (DPH contracted with UCSF for services totaling $15,367,022 during FY 1996-97).

Commissioner Sanchez abstained on this item due to conflict of interest.

Commissioner Monfredini expressed interest in receiving outcome information on this program.

(3.17) **PH-Health Services-Mental Health -** Retroactive sole source approval and contract renewal with San Francisco State University (SFSU) in the amount of $77,394 to provide training for clinicians and mental health providers for the period of July 1, 1997 through June 30, 1998. (DPH contracted SFSU for services totaling $80,000 during FY 1996-97).

This item was approved at the December 9, 1997 meeting.

Action Taken: The Commission approved #3.1, 3.3, 3.4, 3.5, 3.7, 3.8, 3.9, 3.10, 3.11, 3.12, 3.13, 3.14, 3.15 and 3.16. Commissioner Sanchez abstained on parts of #3.5, 3.11, and 3.16.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.). (Mitchell H. Katz, M.D., Interim Director of Health)

ADMINISTRATION

Paramedic Ambulances

In our continuing efforts to keep you updated on the phase in of the Emergency Medical Services reconfiguration process, I am pleased to report that as of yesterday, paramedic ambulances are strategically stationed at Fire Stations around the City. In addition, dispatch of all City operated ambulances and EMT engine companies is now being coordinated through the Fire Communications Center, on "fire control channels". For the first time in San Francisco history, Fire Department crews and ambulance crews can communicate directly at the scene of an emergency. Call-taking responsibility continues to occur at 25th Street. It is anticipated that the entire paramedic work force and ambulance fleet will be assigned and stationed at Fire Houses within the next 60 days. The next Fire Paramedic quarterly report is scheduled for the second Commission meeting in February.

PUBLIC HEALTH

Post Exposure Services

I am proud to report that a Joint University of California, San Francisco-Department of Public Health Project: "San Francisco Post-Exposure Prophylaxis: Feasibility and Consequences" has received funding from the National Institute of Allergy and Infectious Disease. The project received funding in the amount of $778,133 for the budget period 12/1/97 to 11/30/98. The project is due to go from 12/1/97 to 11/30/2000. Thomas Coates, Ph.D., the Director of the UCSF AIDS Research Institute, is the Principal Investigator, I am the Co-Principal Investigator. The money will provide counseling and treatment of persons who have had a recent exposure to HIV through sexual relations or injection drug use.

Post exposure services are already being offered at SFGH at Ward 4C and at the County STD Clinic. These services have been paid for through private donations while we awaited long term Federal funding. The San Francisco General Hospital Foundation deserves tremendous credit for obtaining these private funds for us so that services could begin before the Federal award arrived.

The Commission will be receiving in the coming weeks a request for approval to accept a portion of these funds from UCSF (the fiscal agent for the grant) to fund Health Department positions.

New Appointment

I am pleased to announce the appointment of Michelle Long Dixon to be the new Director of AIDS Health Services. Ms. Dixon is a graduate of Stanford University and holds a Masters of Health Administration from Duke University. She has been with the Department of Public Health since 1990 and has most recently served as Director of the Program Development Unit in the AIDS Office.

In the new Public Health Division organization, Ms. Dixon will oversee the purchasing of AIDS health services and will be the primary liaison with the CARE Council. Ms. Dixon will report to Pat Reynolds and will serve on the management team of the Community Health Services Branch of the Public Health Division. We welcome her to her new role and wish her the best as she assists us in the movement toward a more integrated services model in the care of people with AIDS.

Town Hall Meeting

Mental Health Services held a town hall meeting last week at the Ft. Mason Conference Center, to discuss the progress of the Mental Health Managed Care plan scheduled for implementation April 1, 1998. Over 200 Mental Health staff, Program Directors and executive staff from the Mental Health Contractor's and County clinics attended the meeting.

The group received updates regarding State deadlines, development of the access system, eligibility and authorization process and the provider network. The afternoon sessions afforded the opportunity for work-group discussions, questions, and planning.

Bridging the Gap Between Abstinence and Harm Reduction: Summary of a Conference Held November 19, 1997

More than 400 San Francisco substance abuse and mental health service providers attended a conference in mid-November called "The Changing Face of Drug Treatment: Bridging the Gap Between Abstinence and Harm Reduction".

Building on the Treatment on Demand Planning Council's goal of creating a comprehensive, integrated system of care with a range of engagement, treatment and recovery services including both abstinence and harm reduction approaches; the conference was designed to give providers a better understanding of the rationale and data which support this model of care. Providers from abstinence-based and harm reduction programs for substance abusers have often viewed each other's methods with suspicion and alarm. The goal of the conference was to highlight the similarities between different service philosophies, to explore the needs and means to integrate these approaches, and to continue to build bridges between different treatment options.

The program featured national substance abuse experts: Dr. Robert MacCoun of UC Berkeley; Edith Springer of the New York Peer AIDS Education Coalition; and, Imani Woods of the University of Washington's Center for Health Education. The conference was made possible through contributions from The Alliance Health Care Foundation, The Lindesmith Center, San Francisco Target Cities, and the Zimmer Family Foundation. Further information can be obtained through contacting the conference Co-Chairs: Alice Gleghorn at 255-3722, Larry Meredith at 554-2860, or Marsha Rosenbaum at 921-4987.

COMMUNITY HEALTH NETWORK

Diversion Statistics

Diversion statistics for the period December 1 through 14, 1997 were:

Critical Care diverted for 56% or 194 hours.
Total diversion hours were 2% or 6 hours.

Diversion statistics for the period November 1 through 13, 1997 were:

Critical Care diverted for 1.17% or 3 hours and 35 minutes.
Total diversion hours were 10.24% or 31 hours and 18 minutes.

November statistics are available at the Commission Office.

5) PUBLIC HEARING: PRESENTATION BY THE MAYOR'S OFFICE OF CHILDREN, YOUTH, AND THEIR FAMILIES (MOCYF) OF THE CHILDREN'S SERVICE PLAN FOR 1998-99

Joe Lam, Director of Planning and Evaluation for MOCYF, presented an overview of the Children's Service Plan for 1998-99, (Attachment A).

Mr. Lam described the planning process and reviewed the ten Guideline Principles to Make San Francisco a More Child and Youth - Friendly City:

1. Engage all San Franciscans in fulfilling this vision.
2. Put safety first.
3. Involve Children, Youth and Their Families.
4. Meet basic needs of children and families through support to families and other pivotal institutions.
5. Promote a positive developmental approach.
6. Foster neighborhood-based solutions.
7. Honor diversity.
8. Invest innovatively.
9. Build on what works.
10. Be accountable for results.

The central themes guiding the Children's Fund since its inception are:

1. Improving access to high quality child care and early childhood services.
2. Creating more youth employment/training opportunities.
3. Creating safe environments and positive alternatives for children and youth.
4. Strengthening families through resources and opportunities.

Reflecting these themes, Mr. Lam reviewed strategies as priorities for funding in FY 1998-99 based on the extensive input from 1997 community planning workshops and a citizen review committee for prioritizing strategies and the challenges facing children, youth and families.

Public Speakers: Steve Zelman
Wendall Jones, Candlelight Christian School
Margaret Brodkin, Coleman Advocates (submitted written testimony)

Commissioners' Concerns:

- Selection of sites for family resource centers and Beacon Schools
- Existing funded agencies to reflect the four priorities of the Children's Fund
- Methods for evaluation and outcomes of contractors
- Mechanism for measuring impact of programs on children and youth
- Additional dollars come from private foundations towards children and youth

- Critical role of parks and arts in quality of life for children and families
- Ongoing discussions and input on the draft of the Children's Service Plan

Mr. Lam reported the final plan will be completed in mid-January 1998.

6) UPDATE ON DIVERSION

Dr. John Brown, MPA, Medical Director of Emergency Medical Services Section, presented an Action Plan for Reducing Ambulance Diversion. For a copy of the Plan, contact the Commission Office (554-2666). The EMS Section is the lead-coordinating agency in bringing about those changes in conjunction with the San Francisco Fire Department, the Private Ambulance Providers, the Hospital Council of Northern California, the San Francisco Diversion Policy task Force, and all local hospitals. The intent of the Action Plan is to minimize hospital diversion and its impact on both EMS system patients and providers.

Public Speaker: Nathan Nayman, Hospital Council

Cheryl Fama, Chair, San Francisco Hospital Diversion Policy Task Force, submitted a document describing discussions and concerns on critical care diversion at meetings of the Task Force.

The Commission requested an update on the Action Plan at the February 17, 1998 Commission meeting.

Commissioners' Comments:

- Requests data on the impact of homeless sweeps on hospital emergency wards
- Problem-solving for diversion would include defining what is acceptable and what is not acceptable for diversion
- The Action Plan is an indication of progress towards minimizing hospital diversion
- Quality of services and access to health care are interrelated with diversion

Dr. Katz stated that looking at diversion should be from the standpoint of its impact on patients (i.e. - how many patients are being diverted?). He also pointed out that there is a need to look at other kinds of destination sites, not just hospitals. There may be more appropriate destination sites (i.e. - intermediate care sites that are knowledgeable about medical issues).

Vice President Monfredini thanked Dr. Brown for the update on this very important citywide issue. The Commission looks forward to another update in February 1998.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) CLOSED EXECUTIVE SESSION:

A. PUBLIC COMMENT ON ALL MATTERS PERTAINING TO THE CLOSED SESSION

No public comment.

B. VOTE ON WHETHER TO HOLD A CLOSED SESSION TO CONFER WITH LEGAL COUNSEL. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(a)).)

Action Taken: The Commission unanimously voted to hold a closed session.

C. POSSIBLE CLOSED SESSION PURSUANT TO GOVERNMENT CODE SECTION 54956.9 AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.11(b).

CONFERENCE WITH LEGAL COUNSEL - SETTLEMENT OF EXISTING LITIGATION LEROY AND KATHERINE LOOPER V. CITY AND COUNTY OF SAN FRANCISCO ET AL, SAN FRANCISCO SUPERIOR COURT #975-683. CONSIDERATION OF SETTLEMENT IN THE AMOUNT OF $150,000 PLUS RETURN OF FURNITURE

D) RECONVENE IN OPEN SESSION:

1) POSSIBLE REPORT ON ACTION TAKEN IN CLOSED SESSION. (GOVERNMENT CODE SECTION 54957.1(a)(2), AND SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(b)(2).)

Action Taken: The Commission unanimously approved the proposed settlement of $150,000 plus return of furniture for the existing litigation Leroy and Katherine Looper v. CCSF et al, San Francisco Superior Court #975-683.

2) VOTE TO ELECT WHETHER TO DISCLOSE ANY OR ALL DISCUSSIONS HELD IN CLOSED SESSION. (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.14(a).)

Action Taken: The Commission unanimously voted not to disclose any discussions held in closed session.

The meeting was adjourned at 5:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment (1)

Executive Summary

This 1998-99 Children's Services Plan is the sixth annual implementation plan for the San Francisco Children's Fund. The Fund was established in November 1991 after San Francisco voters passed the Children's Amendment (Prop. J) which requires the City to set aside a portion of tax revenues for funding children's services until the year 2002.

MOCYF has examined the full context of the Children's fund implementation to this point and found substantial evidence that we are on the right track with the delivery of relevant services to meet the needs of children and youth in San Francisco. Our most recent independent evaluation pointed to an astounding overall 95% satisfaction with services received through the Children's Fund. Furthermore, surveyed parents and youth reported better school attendance (63%) and school performance (74%) as direct outcomes of programs and services funded by MOCYF. One can easily link the impact of Children's Fund services to the improving academic performance of our children as recently reported by Superintendent Rojas. Also, inputs from community residents and advocates through our Community Summits and Workshops over the past year have refreshed our commitments to the central themes guiding the Children's Fund since its inception:

1. Improving access to high quality child care and early childhood services;
2. Creating more youth employment/training opportunities;
3. Creating safe environments and positive alternatives for children and youth;
4. Strengthening families through resources and opportunities.

Our work in these four areas continues to have strong resonance in the various communities as guiding goals. Based on positive community input, we will continue to refine specific service strategies for the coming year using the above mentioned goals.

An important focus for this coming year is in the area of Youth violence prevention under the over-arching goal of safe environment and positive alternatives for children and youth. Results from a survey of youth from the May '97 Youth Empowerment Conference painted an alarming picture of widespread violence witnessed by children and youth in San Francisco. MOCYF has initiated discussions with various city departments to formulate effective strategies to decrease youth violence in the City. We will sharpen our focus in working with funded community based organizations in looking for effective programs addressing youth violence.

Another important focus for our office is the alignment of our resources to match the needs of children affected by the recent welfare reform. Now that we have a clearer picture of our State strategy and allocated resources to locally implement the CalWORKS Program (the state version of Temporary Assistance to Needy Families program), we will complement our resources to this effort. Foremost among the many issues is the assurance of quality child care as we attempt to expand our child care supply to match the increasing demand. Much work needs to be done to set up a more centralized waiting list and a coordinated distribution of child care subsidies and resources. Alongside the development of high quality child care is the need for more family resource centers in the neighborhoods heavily impacted by welfare reform. Our office will work with the Department of Human Resources, the San Francisco Unified School

District, and other city and community agencies to align our resources in order to develop an effective system delivering both quality child care and family resources to our families in need.

An important change in this Children's Services Plan is our recommendation that the allocation formula for the use of the Children's Fund be removed for the 1998-99 Fiscal Year and thereafter. The original Children's Amendment (Proposition J) passed in 1991, had formulated that at least 25% of the Fund be allocated to Youth Employment and Training, 25% to Child care, 25% to Delinquency Prevention/ Education, and 25% to Health and Social Services. This categorical allocation format has often pigeonholed many community-based organizations to plan and apply for funds under a single category. The task of creating comprehensive and integrated designs is made much more difficult in this categorical framework. Additionally, this rigid structure does not recognize and can not be adjusted to match the real world demands of services prescribed by the categories. Flexibility in meeting increased child care needs in a difficult welfare reform environment and meeting youth employment needs in an economic recession is critically important. MOCYF recommends the removal of the 25% allocation stipulation while keeping the categories of services as basic priorities for fundable services within the Children's Fund. This will enable MOCYF greater flexibility in promoting developmentally appropriate services by age groups (0-5, 6-13-14-18).

Finally, MOCYF has embarked on a concentrated effort to link and integrate the services of the Children's Fund with the Department of Human Services, the Health Department, the Library, Recreation & Parks, Juvenile Probation, private funders, and most importantly, the San Francisco Unified School District. MOCYF will sustain and further develop collaborations such as Starting Points, YouthWorks, YouthLine, Beacon Centers, Family Resource Centers and Youth Initiated Projects in the coming year. MOCYF is in negotiation with various City agencies, private funders, and the Unified School District to create new initiatives such as the 49ers Academy, School to Career, flexible extended child care facilities in Public Housing, a child care facilities financing program and more.

Since the inception of the Children's Fund in 1991, MOCYF has insisted that community agencies collaborate with one another to maximize the effectiveness of the Children's Fund. MOCYF celebrates the achievements of our community contractors' work so well documented by our independent evaluators. Today, we ask no less from our colleagues in City agencies providing funding and services to our children, youth and their families. It is time that we all work together.